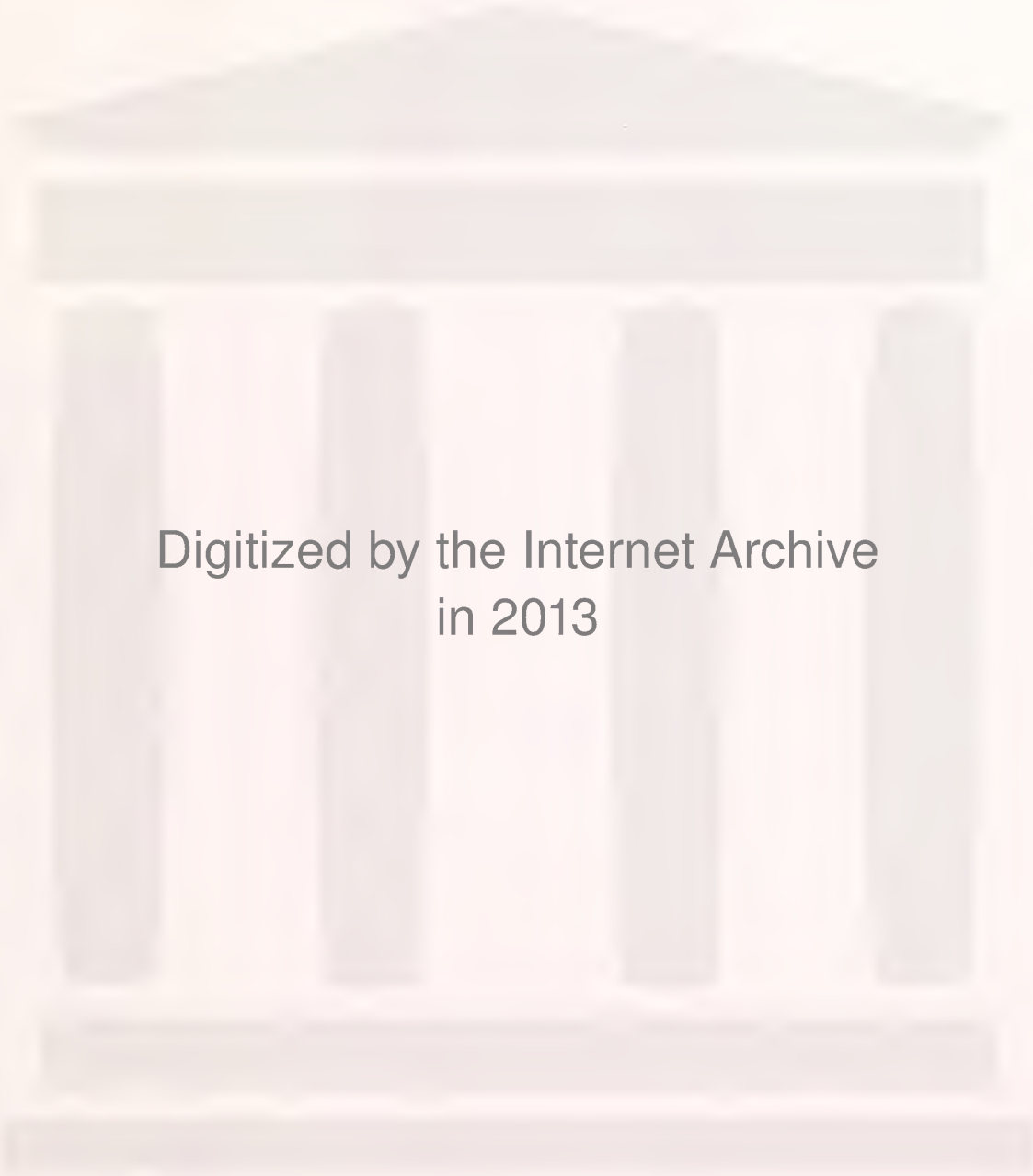








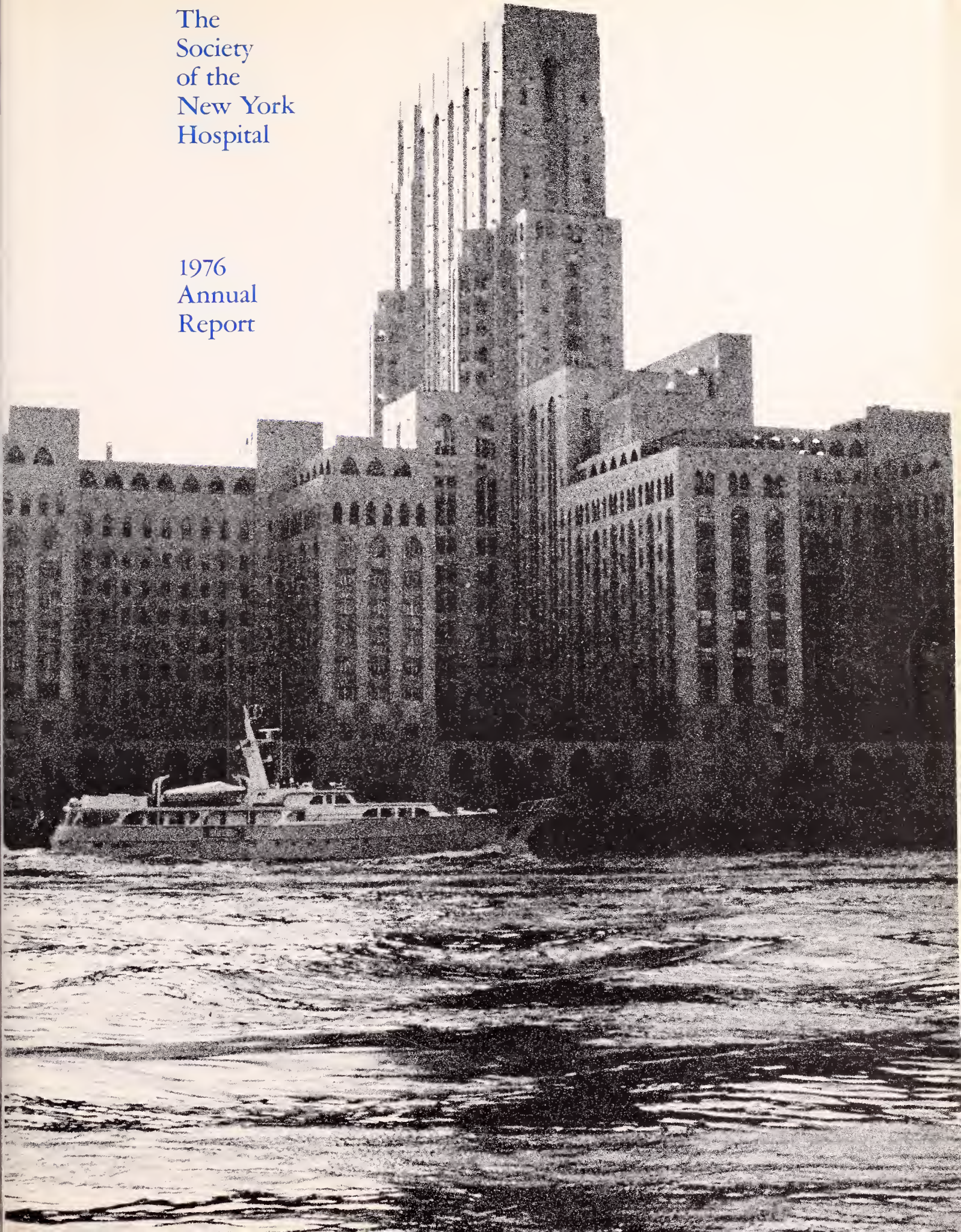


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The
Society
of the
New York
Hospital

1976
Annual
Report



In the year 1771, "sundry publick-spirited persons, influenced by the spirit of benevolence," petitioned King George III of England for a charter of incorporation, the purpose being to establish for the first time in the City of New York, "a publick hospital, one of the most useful and charitable institutions."

The charter was granted and The New York Hospital came into being, operated by The Society of the New York Hospital through its Board of Governors, all private individuals donating their time and energy to the endeavor. It stands today as living testimony to the spirit of man's humanity to man.

A non-profit institution, the Hospital has extended its healing hand to ten generations of Americans and cared for five million sick people.

From the beginning the Hospital was interested in the mentally ill. In 1821 a new division was opened on Upper Broadway to care for psychiatric patients, called Bloomingdale Asylum. Later the institution moved to White Plains, N.Y., where it is now known as The New York Hospital-Cornell Medical Center, Westchester Division.

In 1877 the Hospital moved from lower Manhattan to Sixteenth Street and established its School of Nursing. Affiliation with the Cornell University Medical College in 1912 furthered the Hospital's goal of becoming one of the world's great teaching institutions. The Hospital moved to its present site in 1932. Included in the new structures was the Payne Whitney Psychiatric Clinic, providing both in-patient and out-patient care for the mentally ill in an urban setting.

The New York Hospital-Cornell Medical Center, occupying more than three city blocks at 68th Street and East River Drive, is made up of the Hospital, the Cornell University Medical College and the Cornell University-New York Hospital School of Nursing. Today the Center ranks as one of the major health care complexes of the nation.

Throughout its history, The New York Hospital has adhered to a four-fold goal: care of the sick; research; teaching; and preventive medicine.

The New York Hospital
525 East 68th Street
New York, New York 10021



The
Society
of the
New York
Hospital

1976
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Report

Officers and Governors of The Society	2
Report of the President of The Society <i>by Stanley deJ. Osborne</i>	3
Report of the Director <i>by David D. Thompson, M.D.</i>	8
Activities of Clinical and Administrative Departments <i>by David D. Thompson, M.D.</i>	11
Report of the Auxiliary <i>by Mrs. Alexander T. Daignault</i>	20
Statistical Highlights	22
Executive and Standing Committees.	24
Report on The Third Century Program <i>by E. Hugh Luckey, M.D.</i>	26
Financial Statements	27
Donors to The Society	36
Professional Staff	44
Index to Professional Staff	55

Contents

The
Society of the
New York
Hospital

Officers 1977

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Vice-President & Chairman
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Mrs. Vincent de Roulet,
Vice-President (Operations)
Mr. Edwin Thorne,
Vice-President (Investment)
Mr. John L. Weinberg,
Vice-President (Financial
Management)
E. Hugh Luckey, M.D.,
Vice-President and President of
The New York Hospital-
Cornell Medical Center
David D. Thompson, M.D.,
Vice-President and Director
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The New York Hospital—
Cornell Medical Center
E. Hugh Luckey, M.D., *President*

Hospital Representatives,
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Frederick K. Trask, Jr.
John Hay Whitney, Emeritus
Walter B. Wriston



It is with pleasure that I report to our large number of colleagues and friends on a very active, but at times, difficult year.

First, I want to take note of the high degree of participation and involvement of our entire Board of Governors in the monthly Board meetings, in the regular work of its 17 committees and in the varied affairs of the Hospital. The average attendance at the Board's meetings could well be a record for public institutions.

1 People

A number of changes have occurred in Board membership, and in the clinical leadership of our Medical staff.

The entire Hospital community was deeply saddened by the untimely death of one of our most devoted friends and Governors, Mrs. Stuart H. Ingersoll, who had been on our Board for just over 25 years. Over this period, she served on many important Board committees, including the Executive Committee, and latterly as chairman of the Committee on Radiology, Pathology, Biochemistry and Rehabilitation Medicine. Her interest and devotion will be sorely missed.

Through an oversight that I regret deeply, last year's annual report failed to record the passing of one of our most esteemed and popular life governors, Hamilton Hadley. Mr. Hadley served the Society with distinction and dedication for nearly 30 years, for three of those years as president and for 11 of those years as chairman of the executive committee. His tenure as president, from 1953 to 1956, was marked by a significant strengthening of the Hospital administration and of the ties between the Hospital and the Medical College. In the two years since his passing, those of us fortunate enough to have known "H" Hadley have often had occasion to recall the valued counsel of this gentle and scholarly man.

Retiring from active membership on the Board, but, happily, remaining as a Life Governor and member of several committees, was Augustus G. Paine, who has moved to Florida.

Joining our Board at the end of 1976, and in early 1977, were six new Governors, who bring to us varied and helpful backgrounds, which will contribute much to the future of the Hospital. These are:

Dale R. Corson, who is retiring as President of Cornell University on August 1, 1977. Over the past years, Mr. Corson has shown great interest in the problems of the Cornell University Medical College, and has contributed greatly and wisely to the activities of our entire Medical Center.

Frederick W. Gluck, a partner of McKinsey & Company, and previously with the Bell Laboratories.

Ms. Marifé Hernandez, born in Puerto Rico and educated at Wellesley, who also is broadly involved in the vital affairs of the Puerto Rican community of New York. She has been a well-known commentator

and interviewer on Channel 11, WPIX-TV, and was recently named assistant chief of protocol for the United States.

Ogden M. Phipps, chairman of the Bessemer Trust Company and of the New York Racing Association. He follows in the footsteps of his father, who is now a Life Governor.

William P. Tavoulaareas, president of Mobil Oil Company, one of the country's leading businessmen.

Paul E. Taylor, a partner of Lazard Freres & Co., and a recognized expert in the field of New York City real estate, having been president of Peerage Properties, Inc.

I should also like to thank the re-invigorated Auxiliary under the able presidency of Mrs. Alexander T. Daignault. During 1976, the Auxiliary was responsible for the successful and beautiful "Monet" show, which provided important financial help to some of our professional programs.

A number of important appointments and retirements that took place in 1976 or in the first quarter of this year should be noted:

Dr. John A. Evans retired after a distinguished career as radiologist-in-chief. His quiet and outstanding leadership of this clinical department was instrumental in some of the major advances within this diagnostic science, and we are pleased that Dr. Evans will continue as an attending radiologist.

He has been succeeded by one of the Hospital's own attending radiologists, Dr. Joseph P. Whalen, who promises to be an excellent choice.

Dr. Otto Kernberg was appointed to the important post of Medical Director of the Westchester Division. He is a distinguished psychiatrist who will provide outstanding leadership to this division of the Department of Psychiatry.

Dr. Alexander G. Bearn, one of the profession's outstanding geneticists, has announced his retirement as physician-in-chief, in order to devote himself more fully to teaching and research in his favorite discipline, as the first Stanton Griffis Distinguished Medical Professor in the Medical College.

Dr. Fritz Fuchs, obstetrician and gynecologist-in-chief, has also announced his retirement from this important clinical department, in order to concentrate on research and teaching within the Medical College.

No successors to Drs. Bearn or Fuchs have, as yet, been appointed.

After a distinguished career with the Hospital, Dr. Susan T. Carver resigned as the Hospital's associate director, professional services, to follow her husband Dr. J. Robert Buchanan, who, on December 1, 1976, left the deanship of the Cornell University Medical College to become president of Michael Reese Hospital in Chicago.

Last, but certainly not least, I must take note of the resignation of Dr. E. Hugh Luckey from the presidency of the New York Hospital-Cornell Medical Center, effective September 30, 1977. Dr. Luckey is leaving after 33 years of distinguished service, not only as head of the Center, but previously as chief of the department of medicine and dean of the Medical College. He has agreed to remain as professor of medicine and attending physician and for at least three years will continue his active role in the Third Century Fund drive. Few people in the medical profession can boast of the varied and outstanding service which Dr. Luckey has given to the Hospital, to the University and to the entire Center, as well as to the various affiliates of the Medical Center.

Enumerating his many accomplishments for this Medical Center cannot be done in summary form, but one stands out which I do want to mention: his never-flagging desire that The New York Hospital and the Cornell University Medical College be at all times in the forefront of quality patient care and education.

2 Structure

Institutions, like people, need to keep abreast of their times. Improved techniques in health care delivery have been coming at an ever-accelerating pace; so have changes in health-care legislation, administration and financing, as well as spreading public supervision of health care. The administration of our Hospital must keep pace. With this objective in mind, 1976 saw a complete updating of the operating By-Laws of the Hospital, of the Medical Boards and of the Auxiliaries.

Further, a five-man committee of Cornell trustees and Hospital governors has, throughout the year, carried on an in-depth study of the "Joint Agreement" between Cornell and the Hospital, which was originally entered into in 1927. The committee's main objective has been to evaluate the relationship of the Medical Center to its two parents in terms of activities, costs and needs. This study will be completed and its conclusions made effective within a short time.

3 Finances

I call attention to the financial reports (pages 27 to 35) which, despite the Hospital's serious problems and continuing operating deficits, show the results of outstanding administrative management and cost containment. The recent improvement in the Hospital's financial position has been made possible through the total cooperation of all units of the Hospital, professional and administrative, under the competent leadership of Dr. David D. Thompson, vice president and director of the Hospital and his administrative team, as well as through the heads of the Clinical Departments and Categorical Disease Centers.

It should be stressed, however, that were it not for the income which is derived from endowments provided by generous donors, past and present, and for the current annual contributions made by similarly devoted friends who care about the continuation of high quality health care in the Hospital, we would

have been forced further to deplete our few remaining unrestricted funds.

The New York Hospital is one of the few hospitals that has managed to improve its financial position during 1976, even though by a miniscule degree. Unfortunately, this improvement over 1975 cannot give us comfort for 1977 or future years.

We recognize the need for and support of a concerted national effort to put a stop to the alarming and steep health care cost increases. These costs, heavily borne by government, are now taking an alarming 8.4% of the nation's gross national product, and, it is estimated, will take an unbearable 10-12% within the next decade.

Unfortunately, current plans and policies of the myriad bureaucracies affecting health, which operate within our federal, state, and local governments are trying to attack the problem without differentiating between kinds of care, needs of patients, the alarming increase of fraudulent practices in certain areas, nor the inclusion of many specialized welfare, social services or purely educational expenditures within the generalized term of "health-care."

The "easy" approach to these problems is, unfortunately, being used today by the governmental decision makers; namely, to allow all hospitals to increase their expenditures by the same single percentage based on the institution's existing cost. Such an action, of course, freezes the hospital systems into their current state without taking into account past management practices. It penalizes hospitals that have done what is right (keeping costs and services under reasonable control) and protects those that have been profligate, have expanded unnecessary services or have built excessive capacities.

Ignored, as well, is one of the most unfair areas of health costs, namely reimbursement to hospitals on a per diem basis, thus making it profitable for many hospitals to extend the duration of a patient's stay, and penalizing those hospitals which have established review systems, and have importantly reduced such extended stays. In the case of The New York Hospital, for instance, the *average* stay of a patient has been reduced, over recent years, by 40%, despite the increasingly complicated procedures which a "tertiary" hospital, such as this, undertakes.

Even though we realize that The New York Hospital is a major teaching hospital for our nation, it does not reduce our responsibilities or commitment to our surrounding local community. This commitment is demonstrated by the large number of excellent generalists and subspecialists on our medical staff, who provide primary care in their offices or in the hospital outpatient department.

Because the major teaching hospitals in our country have both a local and national mission, they must be considered to be a true "national resource." It is here that the more complicated and serious illnesses are treated; where the next generation of all health practitioners are taught and trained; where the most ex-

pensive equipment is not only a necessity, but is also used regularly and intensively; where much of the important research, relating to the health of our nation has been carried on, and where the highest level of competence among nurses and physicians must be available on an "around-the-clock" basis.

Obviously, costs must be related to the services provided in response to the varying needs of different patients. The complexity of the patients and the technology used in major teaching centers require a different, but controlled reimbursement system.

If reimbursement systems continue to treat all institutions alike, with no incentives for providing needed community primary care programs, then we will be forced to cut back services where large income drains occur.

Ambulatory care, a service to which most low-income patients turn, is costing this Hospital several million dollars a year, at the very time when every effort and expense is being made to insure that this care be equal to that given to all other patients. Closing down this community service is unthinkable from the standpoint of good medicine, responsibility to our community, good teaching and what a Hospital such as this is all about.

Eliminating many of the costly procedures and the sophisticated care which a "tertiary" hospital, such as this, must have available on a 24-hour, 365-day basis, would save money, but the endangered patients, for which a tertiary hospital exists, would probably not survive under less sophisticated care conditions.

We could save money by not spending for new capital items, or on new methods of treatment, or by not helping to train and develop the nation's future doctors and nurses, or by stopping important medical research, but such a trend is so self-defeating for our nation that it just does not make sense.

The wide-open permissiveness of the Sixties, when new facilities throughout the land were opened without plan, when medical and nursing schools greatly expanded their student population because of the shortage of doctors and nurses, and when vast new health programs were funded by government, naturally inflated the national health bill. This obviously must now be curbed before it consumes the Gross National Product. But it must be done selectively by cutting the bureaucratic overheads of Government, by eliminating duplication of health services, and by differentiating—based on quality and efficiency—among those that deliver these services.

Some suggested positive moves that would make hospital care more cost-beneficial than it is now, are:

- Reimburse the hospitals on a "case," rather than on a per diem basis. This will greatly encourage the hospitals to reduce patient stays, with cost benefits to all.
- Establish differential rates for cases requiring complicated and sophisticated treatment. Why should the

care of a burn patient or one having open-heart surgery (care that costs thousands of dollars) be reimbursed at the same rates as much less complicated and far less costly procedures?

- Reduce, within a given region, the number of hospitals that can offer the more complicated care, and which perform this care for only a few patients annually. Is it not more intelligent to refer these cases to specified regional hospitals that have in current operations the physical facilities, the staffs of trained doctors and nurses on a 24-hour basis, and the ancillary services to carry out such care more effectively?
- Recognize that it is only the close alliance of a top medical school and a first-class hospital that creates a great teaching hospital. Such a center attracts outstanding medical teachers, practicing doctors, research brains and highly competent nursing staffs. Destruction of the teaching hospitals in this country will assuredly lead us to mediocrity. We are, unfortunately, now getting close to dismantling this top layer of quality medicine, essential research and outstanding patient care in the name of "economy," and thus destroying a system that today is second to none in the world.

Our plea is not to "leave us alone" or to let us continue with unchecked spending. We recognize the need for and support external national hospital cost containment programs. We are prepared to help develop and support such an effort with enthusiasm if it recognizes that the needs of the people and the current strengths of our medical system require a more selective recognition of the differences between hospitals in order to more effectively and efficiently meet our health care objectives.

4 Facilities

During 1976, two wings of the hospital were re-named in honor of two great families; in addition, a number of important moves were made in the continuing program of upgrading facilities throughout the Center:

- The two front wings of the Hospital were named the "Whitney" and "Payson" wings, honoring for all time the great interest and involvement in the affairs of the Hospital, and the great generosity towards the Hospital, of four generations of the Whitney family, as particularly illustrated by Mr. John Hay Whitney and the late Mrs. Joan Whitney Payson.
- Of great importance to our entire region was the opening of the 24-bed Burn Center, in Payson 7, in early December 1976. Under the management of Dr. G. Thomas Shires, Surgeon-in-Chief, and Dr. P. William Curreri, and with a highly trained staff of doctors and nurses, Payson 7 is the first full-fledged, comprehensive burn center in the East. The New York Hospital has recently been asked by the Health Systems Agency to submit a proposal to expand this unit to 40 beds, and this proposal is now working its way through the various public bodies that oversee the approval of facilities and the establishment of reimbursement rates.

While the Burn Center has been a costly addition, the Board of Governors approved the project without waiting for the eventual solution of the attendant financial problem. In doing so, the Board was moved by the pressing need for such a facility, as demonstrated by several serious fires in our area, as well as by the Hospital's good fortune in having with us Drs. Shires and Curreri, two of the greatest experts in the field of burns.

- The Nurses' Residence on York Avenue was demolished early in 1976. It had become a very expensive unit to maintain, its interior could not be economically upgraded, and the cost of rebuilding it was, unfortunately, totally prohibitive. The demolition costs were absorbed by the Hospital's own cash flow during the year.

It had been hoped that a new building could be erected in its place to house some vital expansion of our own facilities. New areas for ambulatory care, consolidation of some departments, and space for full-time staff members was contemplated. This new building also was planned to house the new Burn Center. Unfortunately, costs, financing and governmental controls have made such a move not feasible at this time and, therefore, we must wait for a more propitious time.

While we do not, for the time being, expect to build on this site, we are continuing an aggressive course of upgrading and expanding space within existing structures. It should be recalled that over the past several years, a large part of the Hospital has been modernized and renovated, at substantial cost.

5 Conclusion

Last year, a good deal of my annual report was devoted to the heavy costs of insuring ourselves from the growing national malpractice problem. "Malpractice risk" costs are soaring annually, and practically all governments continue to avoid this issue.

Basic standards and controls are essential if this increasing drain on the national health care system is to be kept within reasonable and unemotional parameters. No one quarrels with compensation for truly established medicine malpractice, but today's system of judgment lends itself to a national tendency to sue and to collect huge sums. In far too many cases, the grounds are emotional and factual testimony is disregarded. The New York Hospital has been forced to institute a self-insurance program because its premiums, based by the insurance industry on national claims averages and not on those of specific institutions or class of institutions, have risen in five years by over 1,000 per cent.

In closing, I would like to say a few words of appreciation:

To our governors, who have taken such great interest in the Hospital's affairs, and who have given so much time and effort to aiding in the solution of our many problems;

To Dr. Thompson and his administrative team, and

particularly to Dr. Melville A. Platt, executive associate director; to Eleanor C. Lambertsen, senior associate director, nursing services; and to Julius D'Elia, senior associate director, administrative services, who have brought a whole new standard of managerial excellence to our institution;

To the Chiefs of the various Clinical Departments and of our outstanding Categorical Disease Centers, for their constant effort to upgrade the quality of patient care and medical practice throughout the institution; and

To the 5,000 devoted people who work in the Hospital, and constantly strive to maintain excellence in every department.

Finally, in closing this report for 1976, I want to stress that there is no easy solution to the philosophy and economics of the current health care crisis. Unless we all adopt a new concept of cooperation between governments and public and private health providers, the health care and medical education system of this country will assuredly fall into a morass of mediocrity. All institutions within the system will then inexorably be brought down to a lowest common denominator and totally subjected to a bureaucratic muddle at the expense of the public.

Despite some of the discouragements which are constantly cropping up, we continue to have confidence that the future will bring sensible solutions.

Respectfully submitted,
Stanley de J. Osborne



Artificial liver

In my report last year, I stressed the increasing concern of the public about the cost of medical care and the perceived inadequacies of today's health care delivery system. I emphasized the growing governmental involvement with the attendant laws and regulations which threaten to drown us in a sea of paper work.

In 1976, we experienced our first dealings with the health systems agencies, created by federal legislation in 1974. This comprehensive piece of legislation was enacted to develop regional plans for the delivery of health services. The basic concept was to provide within each state a planning agency with a series of subagencies, the number depending upon the size and population of the state. Eight health systems agencies report to the New York State agency. One is the New York City Health Systems Agency covering the five boroughs. Within each borough are local health systems agencies, of which Manhattan has seven. A major thrust of the regional planning venture is to rationalize the health delivery system by allocating resources where they are needed and avoiding duplication of facilities and services. The "certificate of need" aspect of the law requires that the health systems agencies, from the local bodies on up to the state agency, review and approve every capital expenditure over \$100,000. This requirement reduces the flexibility and timeliness hospitals have in implementing building plans and equipment purchases to meet patients' needs.

While most people agree a regional plan is needed, serious problems must first be addressed. The New York Hospital, like other major teaching hospitals, serves a wide geographical area. Patients of the Hospital often cross state lines for treatment of complex illnesses. They seek out regional referral centers which serve entire metropolitan areas and beyond. This migration of patients follows long established referral patterns which should be preserved. The needs of the Hospital should be viewed in relation to its sphere of activity, not within narrowly defined geographical areas. Federal legislation should be revised to categorize 100 to 200 major teaching hospitals as "national resources" to which the usual geographical boundaries do not apply.

Much of the concern about health care costs has been focused on hospitals, which spend 40% of the total health care dollar. The rapidly escalating hospital costs, at a rate of about 15% per year, exceed those of other segments of the health care economy. Those hospitals which provide the most complex and expensive care are generally the largest and most visible, and thus are under especially intense scrutiny. Critics often describe these tertiary care teaching hospitals as too big, too impersonal and too expensive. Ironically, the term "teaching hospital" has been taken too literally, with the implication that such hospitals exist only to educate doctors, nurses, and other health personnel, and that the needs of patients are often given a second priority. An improper distinction is often made which equates community hospitals with non-teaching hospitals, and, by comparison, places the teaching hospitals as less related to the community and hence less responsive.

It is time to clarify the role of the teaching hospital. All hospitals are community hospitals. The New York Hospital admits 40% of its patients from Manhattan and 90% from the New York Metropolitan area. Its staff physicians are the family physicians for many thousands of New York City residents. Patients who come to the emergency room and the ambulatory care facilities making about 250,000 visits annually, look to the Hospital and its medical staff for most if not all of their care. The patients who come to The New York Hospital represent all economic and social groups of New York City.

In addition to providing basic primary care for New Yorkers, The New York Hospital with its staff of more than 976 physicians, has other important missions. It provides services for the care of patients with complex medical problems, and it provides an environment in which future physicians, nurses, and other health personnel learn from the faculties of the medical college and nursing school who are also the staff of the Hospital.

Providing specialty services is consonant with the development of regionalized care. It is obvious that the care of complex medical problems should be limited to those institutions which have adequate numbers of well trained personnel and adequate facilities to care for a significant volume of patients. From the standpoint of both quality of care and economies of scale the expensive care of complicated illness should be confined to those medical centers which are equipped to handle these problems.

Since teaching hospitals are community hospitals with the added features of specialty services and an educational environment, why have they failed to achieve a public image of community involvement? Part of the problem, I believe, stems from the public's feeling that the care of the family has been lost track of in a headlong rush to develop more and more specialties. Providing more family doctors is generally perceived to be a national need and the medical schools and their affiliated teaching hospitals are expected to fill this need.

In 1976, Congress passed the Health Manpower Act which requires that the medical colleges together with their affiliated teaching hospitals train 50% of their physicians in primary care, defined as including family practice, general internal medicine, and general pediatrics.

This country would benefit by an increase in the proportion of primary care physicians. I hope that the United States can achieve the 50 percent ratio, on a national basis. But to require each medical college and its affiliated teaching hospitals to train a quota of precisely 50 percent of its students in primary care is not only totally unrealistic, but a great potential setback to our national health care needs.

Many teaching hospitals, The New York Hospital included, have much less than 50% of their house staff in primary care programs. The medical schools

are fortunate if other affiliated hospitals have more than 50% of their residents in primary care. Residents in non-primary care specialties render service while being educated to care for the increasing concentration of tertiary care patients in teaching hospitals.

Medical centers will have to give greater attention to training primary care physicians. Ambulatory care, the keystone of family oriented practice, will need to be emphasized. Unfortunately, many patients do not have insurance which pays for ambulatory care. This coverage must be provided by all insurers for all economic groups if we are to develop more modern and complete ambulatory services.

The teaching hospitals should not diminish their highly specialized services, though not all such hospitals should provide all the expensive programs, such as open heart surgery and kidney transplants. The teaching hospitals will need to shoulder some of the load of tertiary care of patients presently cared for in smaller, less well-staffed facilities. On the other hand, it would be a mistake for the teaching hospitals to become exclusively tertiary care institutions. They would lose their role in providing care to citizens in the community, would become more isolated and unresponsive to community needs, and would be less able to provide the proper environment for teaching medical students, nurses and other health professionals. What is needed is a proper balance between providing care for all types of illness to the surrounding community and providing more complex care to a much larger population.

Each hospital should determine how it can realistically achieve that balance in light of community needs, and then relate its dual role to that of other institutions, teaching and non-teaching, in the area. The New York Hospital is committed to serve its community as well as to provide tertiary care for patients from its immediate community and beyond.

Only when public and private teaching and non-teaching hospitals and the public regulatory agencies work together will we achieve an effective plan to regionalize and rationalize health care.

Respectfully submitted,
David D. Thompson, M.D.



Activities of
Clinical and
Administrative
Departments

by
David D. Thompson, M.D.

*Hand therapy,
Rehabilitation
Medicine Department*

The New York Hospital Burn Center opened on Payson-7 in December, 1976. Since that time, an average of 16 of the Center's 24 beds are occupied but the Center is often filled or almost filled to capacity with fire victims. Following an initial shakedown period, an average of 16 of the unit's 24 beds have been occupied. The Burn Center received headline billing in the media not only because it is the first major facility of its type in the eastern United States, but because of controversy over the proposed construction of a new building that would have eventually housed the Center and many other medical facilities. Although health authorities have now ruled out this new construction, The New York Hospital's commitment to establish an urgently needed burn center has been firm.

At this writing, the Hospital has been asked by the Health Systems Agency of New York to submit a proposal to expand the Center to 40 beds, which would make it the largest burn treatment facility in the country. A proposal to accomplish this has been submitted to the appropriate public bodies.

Heading a staff of 80 as director of the Burn Center is Dr. P. William Curreri, who also holds the chair of Johnson and Johnson Professor of Surgery at the Medical College. Dr. Curreri comes to The New York Hospital from Seattle, Washington, where he was for three years director of the burn center at Harborview Hospital, as well as associate professor of surgery at The University of Washington School of Medicine. For three years before that he was associated with the burn center at Parkland Memorial Hospital in Dallas and held the position of assistant professor of surgery at The University of Texas Southwestern Medical School. Both in Seattle and Dallas, Dr. Curreri worked under Dr. G. Thomas Shires, who became surgeon-in-chief at The New York Hospital in 1975.

In addition to providing the New York area with a much needed clinical facility, the Burn Center gives valuable experience in burn treatment to 24 students a year from the Medical College and thereby helps meet a critical educational need in a field in which there is an acute shortage of specialists. The Center also promises to be an important research facility. At 40 years of age, Dr. Curreri himself has already been involved in the publication of more than 65 research papers, the great majority of them on one or another aspect of burn treatment.

The Perinatology Center of the Hospital, a combined interdisciplinary effort by the Department of Obstetrics and Gynecology and the Department of Pediatrics, concerns itself with patient care and research directed to improving the outcome of pregnancy. In 1976 the major development at the Center was the opening in June of a new neonatal intensive care unit on the fifth floor of the Hospital. Built with funds generously provided by the late Mrs. Frances S. Cartmell, the unit helps meet a rising demand in the Greater New York Metropolitan Area for specialized care of sick and premature infants. The number of such high-risk infants treated at The New York Hospital has risen from 595 in 1973 to

815 in 1976, with referrals coming from a catchment area that extends as far as Poughkeepsie, New York. Infants from outside The New York Hospital can be brought here in the unit's special mobile unit that permits intensive treatment to be administered en route.

With a professional staff that includes 12 physicians and 120 nurses, the new unit can accommodate as many as 50 sick and premature infants, 15 of whom may receive intensive care. An important feature of this ultramodern facility is a computer that stores laboratory results and routine observations of doctors and nurses and that also hooks up to patient-monitoring equipment to provide instant notice of changes in vital signs. Retrieval screens at bedside and in doctors' offices furnish immediate access to all patient data.

With the cooperation of Dr. Graham Hawks, obstetrical director of the Perinatology Center, increasing referrals of high-risk mothers are being made from the Center's catchment area. Not only has this improved the care that these women receive during their pregnancies and deliveries, but it has also in-



Burn Center (Time magazine)

creased the availability of neonatal services to their infants.

A third major new facility that opened its doors at the Hospital during 1976 is the Joan Whitney Payson Rehabilitation Pavilion, built with funds generously donated by the late Mrs. Payson, a member of the Hospital's Board of Governors for 33 years and a life governor for two years. The new unit, occupying the entire 18th floor of the Hospital, consolidates the previously scattered facilities of the Department of Rehabilitation Medicine and expands the Department's therapy capabilities.

Designed with the suggestions of Physiatrist-in-Chief Willibald Nagler and the Departmental staff in mind, Payson Rehabilitation Pavilion features large areas for physical therapy, occupational therapy and examination and diagnosis. Physical therapy facilities include a large gymnasium with the latest in exer-

cise equipment, a therapeutic pool in which water temperature is maintained at 98 degrees and a chest physical therapy suite with facilities for treating outpatients with chronic lung conditions such as asthma or emphysema. Among the examination and diagnostic rooms is one screened in metal to protect sensitive equipment from electrical interference and radio waves. The room is used for electrodiagnostic tests and also for biofeedback training, in which a patient learns to bring aspects of his muscular or nervous system under his conscious control by electrically monitoring his own muscular and neurological activity.



Burn Center (Time magazine)

The Pavilion also has a completely equipped bedroom, bathroom and kitchen to help prepare the patient with a remaining disability to be as self-sufficient as possible when he or she gets home. During 1976, the Hospital's physician-in-chief, Dr. Alexander Bearn, accepted the invitation of the trustees of Cornell University to serve as the first Stanton Griffis Distinguished Medical Professor. Dr. Bearn has served as physician-in-chief since 1966.

A number of Dr. Bearn's colleagues in the Department of Medicine were honored by organizations outside the Hospital last year. Among them was Dr. Marc E. Weksler, who was appointed to the Advisory Council of the National Institute of Aging. Dr. Gregory W. Siskind was elected treasurer of the Society for Experimental Biology and Medicine. Dr. Eric A. Jaffe received the Distinguished Young Scientist Award from the Passano Foundation. Dr. Richard T. Silver was named executive officer of the National Cancer and Leukemia Group B Cooperative Study. Dr. Charles L. Christian was elected president of the American Rheumatism Association.

Dr. Marcus M. Reidenberg was named to head the



Burn Center (Family Health magazine)

Department's Division of Clinical Pharmacology. The Division operates a laboratory that determines with great precision the level of a drug in a patient's blood, a service that has proved to be of great value to doctors in administering correct dosages. The Division has also initiated a strong teaching program for students and house staff.

The Division of Hematology, headed by Dr. Ralph Nachman is the recipient of a 4.2 million dollar Special Center of Research (SCOR) grant from the National Institutes of Health. The five-year grant is for the study of thrombosis, and it was the only new thrombosis SCOR grant made in the country last year.

The Division of Infectious Diseases, headed by Dr. Richard Roberts, was the beneficiary of an NIH program grant of \$510,000 for the study of bacterial organisms involved in sexually transmitted diseases. The three-year grant covers the research of two laboratories at the Division and two at Rockefeller University, with doctors of the different laboratories working in close collaboration. The NIH has designated the Division to be one of four regional venereal disease research centers in the country. The Division



Neurology (N. Y. Times)

also received last year a grant of \$300,000 from the Rockefeller Foundation for the establishment of a laboratory complex for the study and control of communicable diseases in Brazil.

Dr. John H. Laragh, director of the Hospital's Cardiovascular Center, was named chief of the Division of Cardiology. During 1976 the Cardiology Division and Cardiovascular Center were merged into a single cohesive unit for the care of patients with cardiovascular diseases and for the study of those diseases. The new unit is an expression of the categorical center concept, which derives from the belief that patient care, research and teaching all profit when professionals from diverse disciplines are brought together to focus on a particular disease condition. During the past year over fifty scientific communications were published by members of the Cardiovascular Center and the Division of Cardiology. This newly-formed combined unit, in which all mem-

bers have appointments in the Department of Medicine, was strengthened by two eminent additions to its full-time staff in 1976. Dr. Richard Soffer, formerly of the Albert Einstein College of Medicine, was appointed professor of medicine and biochemistry at the Medical College, and Dr. Thomas Pickering, formerly of Oxford University, was appointed associate professor of medicine. Dr. Soffer has made singular contributions with his studies relating to angiotensin, a substance that has been implicated for its role in hypertension. Dr. Pickering is a clinical cardiologist with special skills relating to neural control mechanisms and to long-term continuous monitoring of the circulation.

During 1976 the Rogosin Kidney Center, under the direction of Albert L. Rubin, continued to operate at a brisk pace. The number of patients undergoing dialysis under the Center's supervision increased from 156 to 190. Seventy-nine transplants were performed during 1976. A full program of research embraces studies relating to transplant rejection, dialysis, kidney disease in adults and children, and the possible use in dialysis of the organic material collagen.

The Medical Center's Clinical Research Center was the beneficiary of an \$8.6 million, 5-year clinical center grant from the NIH for the maintenance of research beds. The new grant, the largest ever allocated for the support of the Center—as well as the largest ever awarded the Medical College—has permitted the addition of two beds to 14 research beds previously maintained. Under this NIH program patients occupy the beds free of charge, receiving the highest quality medical care under conditions that provide optimum opportunities for carefully controlled study of their disease condition. Hypertension, diabetes, Parkinson's disease and endocrine disorders are among the ailments currently being studied at the Center. Dr. Christopher D. Saudek, of the Department of Medicine, directs the 10-bed adult unit. Dr. Maria New, of the Department of Pediatrics, directs the 6-bed pediatric unit.

For the Department of Pediatrics, headed by Dr. Wallace W. McCrory, 1976 was the first full year of operation of the Harold Weill Children's Blood Foundation Clinic, which was dedicated in November 1975. The clinic provides care for children with blood diseases, such as thalassemia, leukemia and childhood cancers, hemophilia and sickle cell anemia. The clinic's program in thalassemia is the oldest and largest in the world: almost 25 percent of all children in the United States and Canada afflicted by the severe form of the disease, thalassemia major, are currently being treated at The New York Hospital. Striking an estimated one out of 2500 individuals of Italian or Greek ancestry, thalassemia major, or Cooley's anemia, can today only be treated by frequent blood transfusions, which ultimately result in the overaccumulation of iron in the system and death by the age of 15 to 20. Current studies at the Weill Clinic are focusing on a drug that has shown some promise in enhancing the excretion of iron from the body.

During 1976 a division of pediatric mental health

was established as a joint venture of the Department of Pediatrics and the Department of Psychiatry. Under the leadership of Dr. Hans Huebner, who has appointments in both departments, the division provides a full program of diagnosis and consultation for pediatric patients with behavioral disorders. It involves itself also in the teaching and training of a wide variety of professionals, including medical students, pediatric and psychiatric house staff and residents, nurses and social workers. The liaison between the two departments was further strengthened last year by the appointment of Dr. Theodore Shapiro as director of child and adolescent psychiatry at the Payne Whitney Clinic and the New York Hospital Department of Pediatrics. Dr. Shapiro was formerly a professor of psychiatry at New York University and director of child and adolescent psychiatry at the NYU-Bellevue Medical Center.

In addition to Dr. Shapiro, the Department of Psychiatry added 10 full-time staff last year, six at Payne Whitney and four at the Westchester Division. Dr. Otto Kernberg was appointed the medical director at the Westchester Division. Dr. Kernberg was formerly professor of clinical psychiatry at Columbia Univer-

sity College of Physicians and Surgeons and director of the General Clinical Service at the New York State Psychiatric Institute. Before that he achieved national fame during 13 years at the C. F. Menninger Memorial Hospital, Topeka, Kansas, where he was director from 1969 to 1973. He is the author of three books and dozens of published papers and has been a frequent speaker at educational institutions, medical centers and professional meetings across the country.

During his second year as department chairman Dr. Robert Michels implemented the reorganization of clinical services at Payne Whitney planned in 1975. As part of that reorganization, admission procedures that were previously fragmented have been centralized. Also a new community walk-in service makes it possible for people who urgently need psychiatric help to get immediate attention at the Clinic.

There has been a steady drop in the average length of inpatient stay, accompanied by a significant increase in inpatient admissions, at both Payne Whitney Clinic and Westchester Division. In five years the number of inpatient admissions more than doubled at Payne Whitney, rising from 499 in 1971



to 1,006 in 1976, while the average length of stay dropped from 63.2 days to 35.8 days. At the Westchester Division the number of admissions rose from 738 in 1971 to 1,044 in 1976 and the average length of stay dropped from 126 days to 86 days. These figures reflect the Department's policy of trying to return patients to their families and communities as quickly as possible.

Dr. G. Thomas Shires, the Hospital's surgeon-in-chief, is heading a study of emergency medical and surgical care in the United States, using New York City as the focus. The study is being funded by a grant of up to \$350,000 from the Josiah Macy, Jr. Foundation. Of primary concern in the investigation is the interval, or delay, which occurs between the onset of an emergency and the initiation of appropriate care. Programs that Dr. Shires helped to develop in Dallas, Texas and Seattle, Washington, resulted in dramatically-reduced mortality rates for medical and surgical emergencies.

During 1976 the Department of Surgery was greatly strengthened in the fields of burn and multiple trauma. In addition to recruiting Dr. Curreri to serve

extraperitoneal space are now clearly visualized without the use of more risky invasive techniques. The scanner is also better than other X-ray machines at distinguishing between tissues of different densities, for example between fluid-filled collections and tumors.

The EMI body scanner—so called because it is manufactured by the English firm of EMI Ltd.—has been installed on the Hospital's eighth floor near the De-



Pediatric treatment room (occupational therapy)



Physical therapy gymnasium

as director of the Burn Center, Dr. Shires recruited two experienced surgeons in the field of trauma and multiple injuries. They are Dr. Peter Canizaro and Dr. Joel Horovitz.

Dr. John A. Evans, the Hospital's distinguished radiologist-in-chief, retired in 1976, leaving the Department he had headed since 1951 in the capable hands of Dr. Joseph P. Whalen. Along with this, the big news in the Department of Radiology last year was the installation of a \$575,000 EMI body scanner, the first in the New York area and one of the first 20 in the world. The scanner, which directs a pencil-thin beam of X-rays at a narrow cross section, or slice, of the body, as it rotates over the body, is revolutionizing the diagnosis of intra-abdominal and thoracic diseases by its ability to visualize organs that are not outlined accurately by traditional X-ray methods. The liver, kidney, spleen, pancreas and

partment's ultrasonography equipment. The two modalities complement each other to provide a high level of diagnostic accuracy not possible before except by exploratory surgery or invasive procedures. Also, a second head scanner has been installed adjacent to the first one on the Hospital's sixth floor. The technological advance that all this represents has dictated the creation of a new departmental division, the Division of Body Imaging, under the direction of Dr. Elias Kazam.

In the Department of Neurology, headed by Dr. Fred Plum, brisk programs of patient care and teaching have gone forward, while research has proceeded on a broad front. In April, an editorial in the British journal *Lancet*, cited Dr. George Cotzias for his work during the past ten years in "pioneering the practical use of levodopa in the treatment of Parkinsonism." Recently Dr. Cotzias and his research group were

working to develop drugs the effects of which can be predicted more precisely than those of levadopa, as well as drugs to countermand undesirable side-effects of levadopa. The group also began following up their intriguing discovery that levadopa apparently increases by as much as 70 percent the mean life-span of mice to which it is administered. It is with great sorrow that I note the death in June, 1977 of this great scientist. Dr. Cotzias will be sorely missed.

Among other promising investigations being conducted by members of the Department are those of Dr. Plum himself into cerebral metabolism. Dr. Donald J. Reis and his team have been continuing their investigations into neural mechanisms in hypertension. Findings thus far have led Dr. Reis to surmise that specific biochemical defects of the neurotransmitter systems of the brain can be responsible for high blood pressure. Dr. Ira B. Black has been working on questions related to enzyme deficits in patients with degenerative neurological diseases. Dr. Henn Kutt has been investigating the pharmacology of methadone.

Dr. Fritz Fuchs, obstetrician and gynecologist-in-

chief, reports that 2,923 infants were born at the Hospital last year. About 1.5 percent of them were stillborn or died in early infancy, the lowest percentage of perinatal death in the history of the Hospital and about half the rate of 10 years before. According to Dr. Fuchs, this great reduction in mortality results from a marked increase in the number of operative deliveries: last year from the first time the cesarean section rate reached 20 percent. This has been the trend not only at The New York Hospital but also academic health centers in general and reflects the development of new equipment and techniques for monitoring the fetus. Although abdominal delivery increases the risk and discomfort for the mother, not to mention the cost of delivery, the more frequent use of this procedure has justified itself not only in terms of lower infant mortality, but even more so in the reduction of serious birth damage. Dr. Fuchs attributes last year's excellent record to the close collaboration between the Hospital's obstetricians and pediatricians and notes that the results clearly demonstrate the benefits of the Perinatology Center. Of the infants born at the Hospital last year, a total of 366, or 12.5 percent, were treated in the neonatal intensive care unit.



Physical therapy gymnasium

The past few years have seen a spectacular increase in the number of amniocenteses for genetic diagnosis. In this procedure amniotic fluid is drawn out of the womb by means of a needle and syringe so that the fluid and fetal cells can be studied for signs of genetic defects. Only 20 such procedures were performed in 1973; 279 were carried out last year, an illustration of the growing concern about genetic defects among prospective parents as well as of the growing need for expertise in this field.

During 1976, the Department of Ophthalmology, headed by Dr. Donald M. Shafer, provided outpatient care for 8,132 patients. In addition, 996 patients were admitted to the Hospital, with most admissions being for cataract surgery (471 cases) and retinal detachment repair (130 cases).

Dr. Shafer and Dr. David B. Karlin received a National Institute of Health grant of \$92,000 to study the effects of a new kind of surgery performed on the vitreous of the eye in cases of diabetes. Diabetes today is one of the major causes of blindness in the United States. The Hospital is one of 13 medical centers in the nation participating in the two-year study.

Dr. James A. Moore, who heads the Department of Otorhinolaryngology, reports 1,048 admissions to the Ear, Nose and Throat Service in 1976. A total of 1,107 operations were performed. In addition, 3,477 patients were seen on an outpatient basis in the ENT clinic, where a total of 11,370 visits were made. Some 4,083 procedures were carried out in the Speech and Hearing Center, including 1,615 audiograms and 1,071 speech therapy sessions.

Dr. George G. Reader, head of the Department of Public Health, reports another busy year for himself and his colleagues. The department, in cooperation with the New York State School of Industrial Relations, developed a new course designed to help union and community members assume an active role in health planning and decision-making. The course, which features lectures by members of the Medical College faculty as well as field visits to the Hospital, was financed by a \$37,000 grant from the New York State Education Department, using federal funds.

The research of Dr. Eugene G. McCarthy, Jr., and his staff on second-opinion consultation programs in the Greater New York Metropolitan Area is being repeated in many parts of the country. On the basis of Dr. McCarthy's research, the State of New York passed legislation, effective August 28, 1976, requiring all third-party health insurers within the state to offer free second opinion to their policy holders. Although second opinion consultation programs are aimed at reducing unneeded surgery, Dr. McCarthy's recent research has uncovered a sizable number of people who fail to undergo surgery, often with disastrous consequences, even in the face of a double recommendation that they do so.

The Language-in-Medicine Laboratory, run by Dr. Eric Cassell, clinical professor of public health, received a grant of \$243,000 from the Robert Wood

Johnson Foundation to develop and evaluate a three-year curriculum on "the uses and functions of language in medicine." The generous award will make possible the first significant attempt, beyond the usual instruction given medical students in interviewing techniques, to teach doctor-patient communication in depth. Dr. Cassell's laboratory has acquired over 1,000 hours of high-quality tape recordings of doctor-patient interviews on which to base their research and the curriculum that emerges from it.

Another aspect of the communication problem between patients and health professionals has shown itself in the failure of patients to follow regimens that have been prescribed for them. The Patient Care Committee of the Hospital's Medical Board has been working to alleviate this problem. As an outgrowth of the Committee's work, the Hospital last year began dispensing wallet-sized cards to patients at the time of their discharge, instructing them in simple language on the use of the drugs prescribed for them. Prepared by the Pharmacy in conjunction with the Hospital's Formulary Committee, the cards have improved patient compliance with prescribed drug regimens by about 20 percent, according to a follow-up study done by the Pharmacy.

Cost reduction, along with improved service, has continued to be a major concern of Apothecary-in-Chief Herbert S. Carlin and his staff at the Pharmacy. Under a new policy begun in 1976, drugs are paid for by ambulatory patients when dispensed unless the medication is covered by some form of insurance. This has simplified the Hospital's task of collecting for medication and has increased cash flow as well. Last year, too, a special pharmacy for Hospital employees was opened in Payson House to provide a valuable convenience and saving in time for employees.

During 1976, the Hospital moved on several fronts to insure the continued security and safety of patients and employees alike. A new closed circuit television system permits a guard posted at an array of screens to keep constant watch, 24 hours a day, on designated sensitive areas of the hospital, such as lobbies and sub-basements. The system also provides a means of video taping activities in any location that bears watching; evidence gathered on such tapes can be used in a court of law. It should be pointed out that the new CCTV system strictly respects the privacy of patients and that no cameras have been installed in patient areas.

During 1976, the Hospital's Safety Committee was enlarged to include members from all segments of the Hospital. A form was developed for reporting hazards, and reports were submitted periodically to the Hospital Safety Engineer for analysis. Those reports in turn were used in the preparation of a manual of safety guidelines to be distributed to all employees in 1977. The hospital's fire brigade—its employee fire-fighting force—was more than doubled in 1976, and in-house training, both for the brigade and for other hospital staff, was improved and expanded. As part of the program, a booklet on fire safety was distributed to all Hospital employees ■

New Appointments
During 1976 the Medical Board made the following new appointments:

Department of Medicine
Attending Physician: Richard L. Soffer, M.D.
Associate Attending Physicians:
William Insull, Jr., M.D., Albert A. Pollack, M.D.

Department of Obstetrics and Gynecology
Associate Attending Obstetrician and Gynecologist:
Louise B. Tyrer, M.D.

Department of Psychiatry
Medical Director (Westchester Division)
and Attending Psychiatrist: Otto F. Kernberg, M.D.
Consultants: Sherman S. Pazner, M.D.,
Charles Winkelstein, M.D.
Consultant in Surgery (Westchester Division):
Henry F. Dawes, M.D.

Consultant in Gynecology (Westchester Division):
James T. Howard, Jr., M.D.
Consultant in Medicine (Westchester Division):
John A. Scrocca, M.D.
Attending Psychiatrists: Stuart S. Asch, M.D.,
Sheldon Gaylin, M.D., Theodore Shapiro, M.D.
Associate Attending Psychiatrists:
Everett Dulit, M.D., Daniel Stern, M.D.

Department of Rehabilitation Medicine
Associate Attending Physiatriest: Ronald Green, M.D.

Department of Surgery
Consultant: Charles C. Edwards, M.D.
Associate Attending Surgeon:
Peter C. Canizaro, M.D.

Promotions
The following were promoted to the positions designated:

Department of Medicine
Attending Physicians: Donald Armstrong, M.D.,
John W. Dougherty, M.D., Peter C. Harpel, M.D.,
Melvin Horwith, M.D., Gregory W. Siskind, M.D.,
Herman Steinberg, M.D.
Associate Attending Physicians: Michael H.
Alderman, M.D., Robert T. Binford, M.D.,
Susan A. Kline, M.D., Francis S. Perrone, M.D.,
Paul E. Phillips, M.D., Raymond L. Sherman, M.D.,
Lila A. Wallis, M.D., David S. David, M.D.

Department of Neurology
Associate Attending Neurologists:
Gary Birnbaum, M.D., Gail E. Solomon, M.D.,
Philip H. Zweifach, M.D.

Department of Obstetrics and Gynecology
Attending Obstetrician and Gynecologist:
Edward Graber, M.D.
Associate Attending Obstetrician and Gynecologist:
Walter B. Jones, M.D.

Department of Pathology
Attending Pathologists: Carl G. Becker, M.D.,

C. Richard Minick, M.D.,
Charles A. Santos-Buch, M.D.
Associate Attending Pathologist:
Myron Susin, M.D.

Department of Pediatrics
Attending Pediatrician: Fima Lifshitz, M.D.
Associate Attending Pediatricians:
Barbara Ashe, M.D.,
Madoka Shibuya, M.D.,
Gail E. Solomon, M.D.

Department of Surgery
Associate Attending Surgeons:
Armand F. Cortese, M.D., David S. David, M.D.
Consultant (Neurosurgery): Bronson S. Ray, M.D.
Acting Attending Surgeon-in-Charge (Urology):
Edward C. Muecke, M.D.
Attending Surgeon (Urology):
John J. Williams, M.D.
Associate Attending Surgeon (Urology):
Jon M. Reckler, M.D.
Associate Attending Surgeon (Orthopedics):
Joseph M. Lane, M.D.

Terminations
The following appointments were terminated:

Department of Medicine
Attending Physicians:
J. Robert Buchanan, M.D., John M. Wallace, M.D.
Associate Attending Physicians:
Susan T. Carver, M.D., Thomas J. Degnan, M.D.,
John K. Smith, M.D.

Department of Neurology
Associate Attending Neurologist:
Claude G. Wasterlain, M.D.

Department of Obstetrics and Gynecology
Attending Obstetrician and Gynecologist:
Howard J. Tatum, M.D.
Associate Attending Obstetricians and Gynecologists:
Hilliard Dubrow, M.D., Carl Goldmark, Jr., M.D.,
James J. O'Rourke, M.D.

Department of Ophthalmology
Associate Attending Ophthalmologist:

Richard H. Raskind, M.D.

Department of Otorhinolaryngology
Attending Otorhinolaryngologist:
Lester L. Coleman, M.D.

Department of Pediatrics
Consultant: Hedwig Koenig, M.D.
Associate Attending Pediatricians:
Virginia C. Canale, M.D., Florence N. Marshall, M.D.,
Robert G. McGovern, M.D., Peter S. Tolins, M.D.

Department of Psychiatry
Consultant in Gynecology (WD):
Frederick W. Finn, M.D.

Department of Radiology
Attending Radiologists:
Harold A. Baltaxe, M.D., Guilio J. D'Angio, M.D.

Deaths
We are saddened to report the loss of these colleagues:

Bruce P. Webster, M.D.: Consultant in Medicine—
January 5, 1976
Leonard R. Sillman, M.D.: Assistant Attending
Psychiatrist—January 10, 1976

Harold L. Leder, M.D.: Assistant Attending
Physician—March 19, 1976
John F. Struve, M.D.: Associate Attending
Otorhinolaryngologist—December 23, 1976

*Portrait of Germaine
Hoschede with Her Doll,
1877. Claude Monet
(Acquavella Galleries,
New York)*



For the Auxiliary of The Society of the New York Hospital, 1976 was an innovative, as well as productive year. The Auxiliary held its first public subscription benefit with results that were gratifying for all concerned, as well as profitable for the Hospital. Largely as a result of the revenues derived from that event, the Auxiliary was able to pledge more than \$80,000 for a major project in the Hospital, the largest donation the Auxiliary has ever pledged itself to make. Last year, too, the organization drew up a new set of by-laws and strengthened its working relationship with the Hospital's Board of Governors. All this innovation was in addition to the Auxiliary's usual full program of service to the Hospital and the community.

The public subscription benefit took the form of a loan exhibition of paintings by the great French impressionist artist Claude Monet, commemorating the 50th anniversary of his death. Held at the Acquavella Galleries on East 79th Street, it was the first major exhibition of Monet paintings in New York City since 1960. With admission set at two dollars for the general public and 75 cents for students, the one-month exhibit grossed more than \$60,000, of which the Auxiliary netted a profit of \$50,000. Much of the credit for the exhibit must go to Mrs. Daniel R. Murphy, who served as chairman of the Auxiliary until last April and served thereafter as its benefit chairman, and to the late Mrs. Stuart H. Ingersoll who provided a significant stimulus to assure the exhibit's success.

The revenues produced by the Monet benefit, in addition to profits gained from the Auxiliary's gift shop and thrift shop, left the organization at year's end with some \$80,000 to donate to the Hospital. At its final regular meeting of the year, the Auxiliary voted to donate that money for the renovation of the 32-bed, semi-private pediatric unit on N-4, subject to final government approval of that construction. Moreover, the Auxiliary looks forward to assuming full responsibility for the N-4 construction, the tentative cost of which has been set between \$125,000 and \$150,000.

In designating its annual profit for the N-4 renovation, the Auxiliary had the enthusiastic approval of the Hospital's Board of Governors. An important goal of the Auxiliary during 1976 was to strengthen its working relationship with the Board so as to make the greatest possible contribution to The New York Hospital during these stringent times. In pursuit of this goal, significant changes were made in the by-laws and operating procedures of both the Board of Governors and the Auxiliary. For the first time the president of the Auxiliary attends meetings of the Board of Governors in an ex officio capacity, and a liaison designated by the Board of Governors attends all meetings of the Auxiliary's executive board. In addition, both the Auxiliary and the Board of Governors are committed to a program of full consultation on such vital matters as the donation of Auxiliary revenues and the election of Auxiliary officers.

A perennial source of revenue for the Auxiliary has been the gift shop it runs in the Hospital lobby. Last

year, under the leadership of Mrs. L. Patton Kline, chairman of the Auxiliary's Gift Shop Committee, the shop brought the Auxiliary a record \$36,000 in revenue. This derives from sales in the shop itself, sales of items from carts wheeled around the Hospital from room to room, and rentals of television sets in the rooms. Renovation of the shop, to take the best possible advantage of the space there, is hoped for in 1977, and a study toward that end was undertaken last year.

Another traditional service of the Auxiliary, through its Art Committee, is to furnish works of art that will enhance the appearance of the Hospital. Last year the committee, under the chairmanship of Mrs. David D. Thompson, did its usual excellent job of making the hospital environment as pleasant as possible for patients and staff alike. In addition, the Auxiliary's diversional crafts program gave patients the opportunity to work at a whole range of different crafts during their stay in the Hospital. The program, which was under the chairmanship of Mrs. John Hess during 1976, uses the services of a professional staff and volunteers to bring such crafts as leather-working, weaving, macramé, and embroidery right to the patients' bedsides. With its initial five-year commitment to this program due to expire in April 1977, the Auxiliary last year committed itself to fund this excellent service for at least one year beyond that.

Last year, too, the Auxiliary renewed its commitment to the Hospital Escort Service of Yorkville (HESY) in which it began participating during 1975. The service, which has been funded jointly by the auxiliaries of The New York Hospital and Lenox Hill Hospital and the United Hospital Fund, provides volunteers to escort elderly patients to appointments in the two hospitals. By the end of 1976, more than 500 patients had been escorted to their appointments through this program.

Respectfully submitted,
Mrs. Alexander T. Daignault, *President*

	1976	1975
Patients Admitted		
Main Hospital	31,203	30,762
Newborn	2,903	2,876
Payne Whitney Psychiatric Clinic	1,006	838
The New York Hospital- Westchester Division	1,044	868
	36,156	35,344
Patient Days, All Divisions Including Newborn	440,315	434,263
Day Hospital Treatments		
Payne Whitney Psychiatric Clinic	3,090	3,205
Westchester Division	4,671	3,521
Visits to Out-Patient Clinics	235,798	240,179*
Visits to Emergency Pavilion	45,617	46,737

	1976	1975
Laboratory Examinations		
Microbiology	231,063	235,479
Basal Metabolism	860	1,058
Blood Bank	132,363	127,684
Clinical Chemistry	946,223	802,228
Clinical Hematology	598,030	570,510
Cytology	39,184	38,037
Radioisotopes Services	21,149	18,979
Surgical Pathology	31,688	26,698
Miscellaneous	46,706	37,557*
X-ray Examinations	151,910	152,220*
Operations	17,971	17,913*
Deliveries	2,903	2,875
Electrocardiograms	51,780	48,287*
Electroencephalograms	3,841	3,865*
Social Service Interviews	144,775	131,535
Physical Therapy Treatments	42,140	40,591*
Transfusions	21,045	19,740
Pharmacy Prescriptions	236,024	261,178
Record Room-New Case Records	49,550	51,680*
Occupational Therapy Treatments	6,539	7,296
Recreational Therapy-Pediatrics	65,585	40,470



Burn Center (Family Health magazine)

Training Program

	1976	1975
House Staff	246	257*
Nursing Students Affiliated		
Undergraduate Students	217	203
X-ray Technician Students	42	34*
Dental Hygienist Students	4	4
Dietetic Interns	22	22
Physical Therapist Students	23	29
Medical Social Work Students	6	5
Total	560	554
Payne Whitney Psychiatric Clinic—		
House Staff	43	26
Westchester Division—		
House Staff	40	26
Affiliated Undergraduates	56	49
	699	655

Distribution of Beds

	Number of Beds-1976	
Private		
Main Hospital	124	
Obstetrics and Gynecology	29	
Pediatrics	5	
Total Private	158	
Semi-Private		
Medical/Surgical	489	
Two Bed Baker	78	
Urology	61	
Obstetrics and Gynecology	96	
Pediatrics	105	829
Bassinets		44
Total Semi-Private	873	
Payne Whitney Clinic	103	
Total New York City	1134	
The New York Hospital—		
Westchester Division	290	
Grand Total	1424	

* Revised Figure



**Executive and
Standing
Committees of the
Board of
Governors/1977**

Executive Committee

Kenneth H. Hannan,
Chairman
Dale R. Corson
Mrs. Vincent de Roulet
Mrs. John Elliott, Jr.
James H. Evans
Stanley de J. Osborne
Robert W. Purcell
Frank S. Streeter
Arthur R. Taylor
Edwin Thorne
Frederick K. Trask, Jr.
John L. Weinberg
John Hay Whitney
(Life Governor)
Walter B. Wriston
E. Hugh Luckey, M.D.
H. Mefford Runyon
David D. Thompson,
M.D.

**Financial Management
Committee**

John L. Weinberg,
Chairman
Mrs. Vincent de Roulet
Mrs. John Elliott, Jr.
Edward Ward Franklin
Frederick W. Gluck
Kenneth H. Hannan
Frank S. Streeter
William P. Tavoulareas
Edwin Thorne
E. Hugh Luckey, M.D.
H. Mefford Runyon
David D. Thompson, M.D.

**Sub-Committee
on Audit**

Edward Ward Franklin,
Chairman
Hays Clark
Walter G. Dunnington, Jr.
Mrs. Daniel Murphy
George S. Moore
(Life Governor)

**Sub-Committee
on Budget**

John L. Weinberg,
Chairman
George F. Baker, Jr.
Edward Ward Franklin
Frederick W. Gluck
Ms. Marifé Hernandez
Paul E. Taylor, Jr.

**Sub-Committee
on Finances**

Frank S. Streeter,
Chairman
George F. Baker, Jr.
Kenneth H. Hannan
Jerome H. Holland
Robert W. Purcell
Harold Weill

**Sub-Committee on
Fund Raising
and Membership**

Mrs. John Elliott, Jr.,
Chairman
Benjamin S. Clark
Devereux Milburn
Ogden M. Phipps
Harold Weill
George S. Moore
(Life Governor)

**Sub-Committee on
Personnel &
Retirement Policy**

Kenneth H. Hannan,
Chairman
George F. Baker, Jr.
Edward Ward Franklin
Devereux Milburn
Augustus G. Paine
(Life Governor)

Investment Committee

Edwin Thorne, *Chairman*
George F. Baker, Jr.
Benjamin S. Clark
Ogden M. Phipps
Robert W. Purcell
Harold Weill
John L. Weinberg
Augustus G. Paine
(Life Governor)
H. Mefford Runyon
David D. Thompson, M.D.

**Sub-Committee on
Real Estate**

Robert W. Purcell,
Chairman
R. Palmer Baker, Jr.
Hays Clark
Paul E. Taylor, Jr.
Robert H. Abrams
Gustav S. Eyssell

**Nominations
Committee**

James H. Evans,
Chairman
Mrs. John Elliott, Jr.,
Vice Chairman
Devereux Milburn
Robert W. Purcell
Frank S. Streeter
Augustus G. Paine
(Life Governor)
Albert Carey Wall
(Life Governor)

Operations Committee

Mrs. Vincent de Roulet,
Chairman

R. Palmer Baker, Jr.
Edward Ward Franklin
Kenneth H. Hannan

Frank S. Streeter
Arthur R. Taylor
Edwin Thorne
Harold Weill

John L. Weinberg
Eleanor C. Lambertsen,
R.N., Ed.D.
E. Hugh Luckey, M.D.
H. Mefford Runyon
David D. Thompson, M.D.

Sub-Committee on Medicine

Arthur R. Taylor, *Chairman*
Hays Clark
Mrs. Alexander Cushing
Mrs. Vincent de Roulet
Edwin Thorne

Sub-Committee on Neurology, Ophthalmology & Otorhinolaryngology

Edward Ward Franklin,
Chairman
George F. Baker, Jr.
R. Palmer Baker, Jr.
Dale R. Corson
Mrs. Daniel Murphy

Sub-Committee on Obstetrics, Gynecology & Pediatrics

Harold Weill, *Chairman*
Walter G. Dunnington, Jr.
Mrs. John Elliott, Jr.
Devereux Milburn

Sub-Committee on Psychiatry

R. Palmer Baker, Jr.
Chairman
Arthur R. Taylor
Paul E. Taylor, Jr.

Sub-Committee on Radiology, Pathology & Rehabilitation Medicine

R. Palmer Baker, Jr.
Benjamin S. Clark
Walter G. Dunnington, Jr.
Ogden M. Phipps

Sub-Committee on Surgery & Anesthesiology

Frank S. Streeter, *Chairman*
Mrs. Alexander Cushing
Frederick W. Gluck
Ms. Marifé Hernandez
Augustus G. Paine
(Life Governor)

Administrative Officers of The New York Hospital/1977

Director

David D. Thompson, M.D.

Executive Associate Director

Melville A. Platt, M.D.

Senior Associate Director, Nursing Services

Eleanor C. Lambertsen,
Ed.D., D.Sc. (Hon.),
R.N.

*Senior Associate Director,
Administrative Services*
Julius D'Elia

Associate Director, Ambulatory Services

Richard A. Berman

Associate Director, General Services

Cosmo J. LaCosta

*Associate Director,
Financial Services*
Frank Ravenna

Associate Director, Personnel

H. Henry Bertram

Assistant to the Director
Anne A. Coté

Officers of The Auxiliary of The Society of the New York Hospital

President

Mrs. L. Patton Kline,
First Vice President

Mrs. Duer McLanahan,
Second Vice President

Mrs. Harrison Smith,
Secretary

Mrs. Philip Roome,
Treasurer

Report on the Progress of the Third Century Program

From such relatively far places as Long Island, New Jersey, Westchester and upper Fifth Avenue, members of the Executive Committee for Fund Raising and Public Affairs—volunteers for the Hospital and the University—gathered faithfully, bi-weekly, at 8 A.M., throughout the year, for meetings in the Board Room. Neither snow and slush nor the steam of summer have deterred them from their chief objective: The consideration, with Administrative Staff, of fund-raising strategy for the Center, with special emphasis on the \$260-million Third Century Program.

The progress of this program, under the co-chairmanship of Mrs. Vincent de Roulet and Dr. E. Hugh Luckey, can be measured in terms of \$31,295,000 in gifts and pledges achieved by the end of 1976. Equally important among this year's achievements was the building of a firm base on which to develop the Center's financial structure and resources during the next several decades; specifically, the major reorganization of the Office of Development, under Stephen J. Smallwood, who became Vice-President for that responsibility on September 1, and the Office of Public Affairs, under Eamon Brennan, who assumed his office as Vice-President at the same time.

The Third Century Program was publicly announced at a press conference held in the Board Room on May 20 and attended by Mayor Abraham Beame, Dr. John Z. Bowers, President of the Macy Foundation, Executive Committee members Mrs. de Roulet, James H. Evans, and Harold Weill, members of the Administrative Staff and representatives of the media.

Important prospect research and cultivation were initiated; several proposals were written that would bring in large gifts early in 1977, and solicitation of Governors and selected Trustees was begun, providing sufficient thrust to insure attainment of a substantial Nucleus Fund in the new year. This high hope at year end is now coming to fruition.

Respectfully submitted,
E. Hugh Luckey, M.D.
President,
The New York Hospital-
Cornell Medical Center

To the Board of Governors,
The Society of the New York Hospital:

We have examined the balance sheets of The Society of the New York Hospital (a charitable corporation created by Royal Charter granted by King George III in 1771 and located in New York) as of December 31, 1976 and 1975, and the related statements of operating revenues and expenses; revenues and expenses and changes in unrestricted fund balance; changes in restricted fund balances; and changes in financial position for the years then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying financial statements present fairly the financial position of The Society of the New York Hospital as of December 31, 1976 and 1975, and the results of its operations and changes in its financial position for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Arthur Andersen & Co.

March 25, 1977

Financial
Statements

Assets	1976	1975
Current Assets:		
Cash	\$ 1,194,406	\$ 373,371
Accounts receivable—		
Patient care, less estimated uncollectible accounts of \$9,990,000 in 1976 and \$8,636,000 in 1975 (Note 3)	22,037,695	19,992,006
Other	1,006,038	1,667,821
	23,043,733	21,659,827
Inventories (at FIFO cost) and other assets	3,551,975	3,445,543
Temporary investments in marketable securities, at cost (market—\$2,804,000 in 1976 and \$2,637,000 in 1975) (Notes 2 and 8)	2,727,111	2,533,689
Total current assets	30,517,225	28,012,430
Pledges receivable	1,802,247	—
Investments:		
Marketable securities, at cost (market—\$43,716,000 in 1976 and \$36,788,000 in 1975) (Notes 2 and 8)	42,519,998	35,371,823
Real estate, at cost (including land at appraised value of \$574,530) less accumulated depreciation of \$300,998 in 1976 and \$270,777 in 1975 (Notes 5 and 6)	1,194,601	1,224,821
	43,714,599	36,596,644
Deferred Prior Service Pension Costs	890,786	1,264,786
Property, Plant and Equipment (Notes 5 and 6)	121,354,348	117,161,628
Less—Accumulated depreciation	41,834,456	40,648,168
	79,519,892	76,513,460
Total assets	\$156,444,749	\$142,387,320

Liabilities and Fund Balances	1976	1975
Current Liabilities:		
Current installments of long-term debt	\$ 795,074	\$ 613,251
Accounts payable	6,484,605	7,866,205
Accrued expenses	2,865,643	1,000,861
Total current liabilities	10,145,322	9,480,317
Deferred Contributions	1,802,247	—
Estimated Self-Insurance Liability (Note 4)	2,487,498	550,185
Long-Term Debt, less current portion shown above:		
Due to New York Hospital Employees' Retirement Trust (5½%-8% mortgage notes, maturing at various dates to 1993)	4,334,435	4,521,205
Due to banks and insurance companies (5%-5½% mortgage notes, maturing at various dates to 1991)	4,177,617	4,595,494
4% unsecured note, due monthly to 1988	638,438	684,612
Obligation under capital lease	293,551	—
Total long-term debt	9,444,041	9,801,311
Total liabilities	23,879,108	19,831,813
Fund Balances (Note 2):		
Unrestricted funds—		
General	21,803,052	18,760,268
Plant	70,159,400	66,461,151
Board designated for investment and endocrinology research	990,182	540,182
	92,952,634	85,761,601
Restricted funds—		
Plant replacement and expansion	817,485	1,948,987
Specific purposes (Note 7)	20,088,258	17,911,310
Endowments (Note 7)	18,707,264	16,933,609
	39,613,007	36,793,906
Total fund balances	132,565,641	122,555,507
Total liabilities and fund balances	\$156,444,749	\$142,387,320

The accompanying notes to financial statements are an integral part of these Balance Sheets.

	1976	1975
Operating Revenues (Exhibit III) :		
Care of patients (Note 3)	\$163,840,825	\$133,280,979
Less—		
Contractual allowances	38,399,436	20,822,597
Provisions for uncollectible accounts (Note 2)	5,097,670	5,152,299
Net revenue from patient care	120,343,719	107,306,083
Other, net (including \$894,946 in 1976 and \$887,534 in 1975 transferred from specific purposes funds) (Note 6)	5,036,447	4,909,272
Total operating revenues	125,380,166	112,215,355
Operating Expenses (Exhibit III) :		
Nursing services	37,852,100	34,584,273
Other professional services	46,518,231	41,004,510
Household and property services	14,948,101	14,252,352
Nutrition services	7,363,347	7,332,363
General, fiscal and administrative services	17,819,251	15,736,833
Provision for depreciation (Note 6)	3,400,729	3,684,531
Total operating expenses	127,901,759	116,594,862
Loss from Operations	(\$ 2,521,593)	(\$ 4,379,507)

	1976					
	General			Board		1975
	Operating	Nonoperating	Plant	Designated	Total	Total
Operating Revenues (Exhibit II):						
Net revenue from patient care (Note 3)	\$120,343,719	\$ —	\$ —	\$ —	\$120,343,719	\$107,306,083
Revenue from other services (Note 6)	4,141,501	—	—	—	4,141,501	4,021,738
Transfers from specific purposes funds for support of related activities	894,946	—	—	—	894,946	887,534
Total operating revenues	125,380,166	—	—	—	125,380,166	112,215,355
Operating Expenses (Exhibit II):						
Compensation and related benefits	85,651,093	—	—	—	85,651,093	77,770,468
Medical supplies and other expenses	38,849,937	—	—	—	38,849,937	35,139,863
Provision for depreciation (Note 6)	3,400,729	—	—	—	3,400,729	3,684,531
Total operating expenses	127,901,759	—	—	—	127,901,759	116,594,862
Loss from Operations (Exhibit II)	(2,521,593)	—	—	—	(2,521,593)	(4,379,507)
Nonoperating Revenues (Note 2):						
Interest and dividends	—	1,427,594	—	—	1,427,594	1,601,027
Contributions and bequests—						
Third century fund	—	2,854,919	—	—	2,854,919	—
Other	—	1,903,920	—	—	1,903,920	1,775,261
Net gain on sale of investments	—	1,534,429	—	—	1,534,429	1,319,202
Distributions from United Hospital Fund, The Greater New York Fund and Center Fund (Note 9)	—	402,444	—	—	402,444	495,092
Total nonoperating revenues	—	8,123,306	—	—	8,123,306	5,190,582
Revenues in Excess of (less than) Expenses	(2,521,593)	8,123,306	—	—	5,601,713	811,075
Fund Balance, beginning of year, as reclassified (Note 2)						
	18,760,268	—	66,461,151	540,182	85,761,601	82,339,538
Transfers from (to) Restricted Funds:						
Portion of fixed asset additions funded by restricted funds	—	—	4,990,049	—	4,990,049	6,295,519
Segregation of assets for plant replacement and expansion required by third party reimbursers	(3,400,729)	—	—	—	(3,400,729)	(3,684,531)
Intra-Fund Transfers:						
Portion of fixed asset additions funded by unrestricted fund	(2,034,376)	—	2,034,376	—	—	—
Support of general operations	11,646,504	(7,673,306)	(3,973,198)	—	—	—
Mortgage payments and other	(647,022)	(450,000)	647,022	450,000	—	—
Fund Balance, end of year	\$ 21,803,052	\$ —	\$70,159,400	\$990,182	\$ 92,952,634	\$ 85,761,601

	Plant Replacement and Expansion	Specific Purposes	Endowments	Total
Balances, December 31, 1974, as reclassified (Note 2)	\$3,632,253	\$16,426,839	\$15,570,791	\$35,629,883
Restricted gifts and bequests	312,292	1,682,795	15,000	2,010,087
Income on investments of restricted funds, required to be used for specific purposes—				
Interest and dividends	31,328	758,014	—	789,342
Net gain on sale of securities	69,719	445,579	1,347,818	1,863,116
Transfers from (to) unrestricted funds—				
Portion of fixed asset additions funded by restricted funds	(5,781,136)	(514,383)	—	(6,295,519)
Segregation of assets for plant replacement and expansion required by third party reimbursers	3,684,531	—	—	3,684,531
Support of related activities	—	(887,534)	—	(887,534)
Balances, December 31, 1975, as reclassified (Note 2)	1,948,987	17,911,310	16,933,609	36,793,906
Restricted gifts and bequests—				
Third century fund	—	66,640	21,055	87,695
Other	70,161	1,598,976	—	1,669,137
Income on investments of restricted funds, required to be used for specific purposes—				
Interest and dividends	32,370	1,088,333	—	1,120,703
Net gain on sale of securities	68,475	604,757	1,752,600	2,425,832
Transfers from (to) unrestricted funds—				
Portion of fixed asset additions funded by restricted funds	(4,703,237)	(286,812)	—	(4,990,049)
Segregation of assets for plant replacement and expansion required by third party reimbursers	3,400,729	—	—	3,400,729
Support of related activities	—	(894,946)	—	(894,946)
Balances, December 31, 1976	\$ 817,485	\$20,088,258	\$18,707,264	\$39,613,007

	1976	1975
Source of Funds:		
From operations—		
Loss from operations	(\$ 2,521,593)	(\$ 4,379,507)
Expenses not requiring outlay of cash in the current period—		
Depreciation	4,030,288	4,323,420
Amortization of deferred prior service pension costs	374,000	374,000
Provision for self-insurance	2,151,275	345,161
	4,033,970	663,074
Nonoperating revenues	8,123,306	5,190,582
Restricted gifts and bequests (net of amounts expended)	861,886	1,122,553
Income on investments of restricted funds, net	3,546,535	2,652,458
Total funds provided from operations, contributions and investments	16,565,697	9,628,667
Obligation under capital lease	439,091	—
Increase in accounts payable and accrued expenses	406,849	1,615,123
Decrease (increase) in receivable from affiliate	674,028	(104,406)
Total funds provided	18,085,665	11,139,384
Application of Funds:		
Net additions to property, plant and equipment	7,036,720	7,063,513
Net purchases of investments	7,311,377	3,342,048
Net increase (decrease) in accounts receivable	1,383,906	(157,294)
Increase in inventories and other assets	654,127	576,219
Principal payments on long-term debt	614,538	581,248
Other	263,962	184,530
Total funds applied	17,264,630	11,590,264
Resultant increase (decrease) in cash	821,035	(450,880)
Cash Balance, beginning of year	373,371	824,251
Cash Balance, end of year	\$ 1,194,406	\$ 373,371

**1 Summary of
accounting policies:**

The Society's more significant accounting policies are as follows:

a Fund accounting—

Separate accounts are maintained in the Society's financial records to assure compliance with restrictions imposed by contributors on the use of donated funds. The assets of such funds are substantially all invested in marketable securities.

b Contributions and bequests—

The Society is the beneficiary of bequests under various wills, the realizable amounts of which are not presently determinable. The Society's share of such bequests are recorded in the accounts when the distributable amounts become known.

c Investments—

Investments are carried at cost; interest, dividends and realized gains or losses are credited to unrestricted funds unless otherwise restricted by the contributors; restricted investment income is reported directly in the Statements of Changes in Restricted Fund Balances.

d Depreciation—

Depreciation of property, plant and equipment is provided on the straight-line method using estimated useful lives of 20-50 years for buildings and 10-25 years for building fixtures and equipment.

The Society is required under certain reimbursement formulae to segregate in a replacement reserve, current assets in an amount equal to depreciation costs applicable to fixed assets used in providing service to patients.

e Retirement plan—

The Society has a noncontributory retirement plan which covers all employees. The total pension expense was \$2,863,223 in 1976 and \$2,438,425 in 1975, including amortization of prior service costs. Aggregate unfunded prior service costs as of December 31, 1975, the date of the latest actuarial review, amounted to approximately \$13,500,000. The Society's policy is to fund pension cost accrued.

The actuarially computed value of vested benefits as of December 31, 1975, the latest date available, was approximately \$21,900,000.

As of July 1, 1976, the Retirement Plan Trust purchased from Prudential Insurance Co. of America a group annuity contract for approximately \$7,400,000 to cover the pension obligations of those plan participants retired as of December 31, 1975. The market value of remaining pension fund assets at December 31, 1976, approximated \$23,500,000.

**2 Restatement of
1975 financial
statements:**

The 1975 financial statements have been restated for the effect of reclassifying to Endowments and specific purposes funds certain amounts previously reported as unrestricted, and reclassifying income earned on

the investment of certain unrestricted funds to the Endowment and specific purposes funds based upon management and legal counsel's redetermination of the restrictions on these funds, as follows:

	Restricted Funds				
	Unrestricted Funds	Plant Replacement and Expansion	Specific Purposes	Endowments	Total
Balances, December 31, 1974, as previously reported	\$83,310,209	\$3,632,253	\$15,578,913	\$15,448,046	\$117,969,421
Reclassifications	(970,671)	—	847,926	122,745	—
Balances, December 31, 1974, as reclassified	\$82,339,538	\$3,632,253	\$16,426,839	\$15,570,791	\$117,969,421
Balances, December 31, 1975, as previously reported	\$87,720,528	\$1,948,987	\$16,086,882	\$16,799,110	\$122,555,507
Reclassifications—					
Cumulative effect as of December 31, 1974, per above	(970,671)	—	847,926	122,745	—
1975 investment income previously reported as unrestricted	(988,256)	—	976,502	11,754	—
Balances, December 31, 1975, as reclassified	85,761,601	\$1,948,987	\$17,911,310	\$16,933,609	\$122,555,507

In addition, collection fee expense, previously included in provision for uncollectible accounts, has

been reclassified to general, fiscal and administrative services expenses to conform with the 1976 presentation.

**3 Patient care
receivables
and revenue:**

A substantial portion of patient care revenue is derived from funds provided on behalf of patients under Federal, state and local medical assistance programs and Blue Cross insurance plans. Generally, revenue from these sources is related to cost reimbursement principles and is subject to audit by the applicable agencies. In the opinion of management, such principles

have been properly applied in the determination of recorded revenues.

The Society is currently in the process of filing administrative appeals in regard to its 1976 Medicaid and Blue Cross reimbursement rates. An increase in such reimbursement rates is being sought; however,

these procedures are in their initial stages and in the opinion of both management and counsel the ultimate outcome is not presently determinable.

Patient care accounts receivable is net of advances from a third party payor of \$2,528,000 in 1976 and \$2,515,000 in 1975.

4 Estimated self-insurance liability:	As a result of significantly increased premiums and general lack of availability of excess malpractice insurance coverage, the Society became totally self-insured during 1976 with respect to such matters, although certain catastrophe level coverage was carried from November, 1975 to November, 1976. Accordingly, provision of \$2,151,275 has been made in the accompanying financial statements for the present value of the estimated liability applicable to 1976 operations. This provision was determined by man-	agement based upon a review of the Society's experience, known claims and consultation with legal counsel and independent insurance actuaries. While the actuarial evaluation indicated a range of potential loss with a present value of up to \$5,500,000, with a mid-range of \$3,200,000, it is management's opinion that the amount provided is reasonable. Actual losses, if any, in excess of the amount provided will be included in reimbursable costs through adjusted provisions in future years.																																																		
5 Property, plant and equipment:	Property, plant and equipment consisted of the following at December 31, 1976:	Land and buildings with a cost of \$21,500,000 and investment real estate with a cost of \$391,000 have been pledged as security for mortgage notes payable.																																																		
		<table><tr><td></td><td colspan="2">Gross Amount</td><td colspan="2">Accumulated Depreciation</td></tr><tr><td></td><td>1976</td><td>1975</td><td>1976</td><td>1975</td></tr><tr><td></td><td colspan="4">(thousands of dollars)</td></tr><tr><td>Land, at assessed values at December 31, 1943, plus subsequent additions at cost or fair market value at date of gift</td><td>\$ 6,702</td><td>\$ 6,702</td><td>\$ —</td><td>\$ —</td></tr><tr><td>Buildings, at cost</td><td>49,695</td><td>49,915</td><td>17,496</td><td>17,985</td></tr><tr><td>Building renovation work in progress</td><td>3,821</td><td>3,522</td><td>—</td><td>—</td></tr><tr><td>Building fixtures, equipment, etc., at cost</td><td>57,004</td><td>52,891</td><td>24,338</td><td>22,663</td></tr><tr><td>Medical school buildings, at nominal value</td><td>—</td><td>—</td><td>—</td><td>—</td></tr><tr><td>Other real estate, at cost</td><td>4,132</td><td>4,132</td><td>—</td><td>—</td></tr><tr><td></td><td>\$121,354</td><td>\$117,162</td><td>\$41,834</td><td>\$40,648</td></tr></table>		Gross Amount		Accumulated Depreciation			1976	1975	1976	1975		(thousands of dollars)				Land, at assessed values at December 31, 1943, plus subsequent additions at cost or fair market value at date of gift	\$ 6,702	\$ 6,702	\$ —	\$ —	Buildings, at cost	49,695	49,915	17,496	17,985	Building renovation work in progress	3,821	3,522	—	—	Building fixtures, equipment, etc., at cost	57,004	52,891	24,338	22,663	Medical school buildings, at nominal value	—	—	—	—	Other real estate, at cost	4,132	4,132	—	—		\$121,354	\$117,162	\$41,834	\$40,648
	Gross Amount		Accumulated Depreciation																																																	
	1976	1975	1976	1975																																																
	(thousands of dollars)																																																			
Land, at assessed values at December 31, 1943, plus subsequent additions at cost or fair market value at date of gift	\$ 6,702	\$ 6,702	\$ —	\$ —																																																
Buildings, at cost	49,695	49,915	17,496	17,985																																																
Building renovation work in progress	3,821	3,522	—	—																																																
Building fixtures, equipment, etc., at cost	57,004	52,891	24,338	22,663																																																
Medical school buildings, at nominal value	—	—	—	—																																																
Other real estate, at cost	4,132	4,132	—	—																																																
	\$121,354	\$117,162	\$41,834	\$40,648																																																
6 Provision for depreciation:	The 1976 provision for depreciation includes approximately \$181,000 and \$725,000 in 1976 and 1975, resulting from the early retirement of the nurses' residence. Depreciation provisions in the amount of	\$629,559 in 1976 and \$638,889 in 1975, applicable to staff housing facilities have been charged to related rental income included in other operating revenues in the accompanying Exhibits II and III.																																																		
7 Restricted funds:	Specific purposes funds were restricted by the contributors for the following:	The original principal at date of receipt of endowment funds was approximately \$10,700,000 at December 31, 1976 and 1975.																																																		
	<table><tr><td></td><td>1976</td><td>1975</td></tr><tr><td>Psychiatric care</td><td>\$11,317,342</td><td>\$10,809,702</td></tr><tr><td>Urological care</td><td>4,397,019</td><td>3,825,938</td></tr><tr><td>Other purposes</td><td>4,373,897</td><td>3,275,670</td></tr><tr><td></td><td>\$20,088,258</td><td>\$17,911,310</td></tr></table>		1976	1975	Psychiatric care	\$11,317,342	\$10,809,702	Urological care	4,397,019	3,825,938	Other purposes	4,373,897	3,275,670		\$20,088,258	\$17,911,310																																				
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	\$20,088,258	\$17,911,310																																																		
8 Marketable securities:	At December 31, 1976, gross unrealized gains and gross unrealized losses pertaining to investments in marketable securities were as follows:	<table><tr><td></td><td>Gains</td><td>Losses</td><td>Net Gain</td></tr><tr><td>Current</td><td>\$ 202,985</td><td>\$ 126,096</td><td>\$ 76,889</td></tr><tr><td>Noncurrent</td><td>3,162,031</td><td>1,966,029</td><td>1,196,002</td></tr><tr><td></td><td>\$3,365,016</td><td>\$2,092,125</td><td>\$1,272,891</td></tr></table>		Gains	Losses	Net Gain	Current	\$ 202,985	\$ 126,096	\$ 76,889	Noncurrent	3,162,031	1,966,029	1,196,002		\$3,365,016	\$2,092,125	\$1,272,891																																		
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Current	\$ 202,985	\$ 126,096	\$ 76,889																																																	
Noncurrent	3,162,031	1,966,029	1,196,002																																																	
	\$3,365,016	\$2,092,125	\$1,272,891																																																	
9 Distributions from affiliated foundation:	The Society together with the Cornell University Medical College is a co-beneficiary of The New York Hospital-Cornell Medical Center Fund, Inc. ("The Center Fund"). The Center Fund's fund balances as reflected in its unaudited financial statements at December 31, 1976, consisted of approximately	\$15,155,000 of permanent endowment funds and \$1,463,000 of current funds. Distributions received from the Center Fund amounted to \$252,930 in 1976 and \$489,888 in 1975, including \$154,523 in 1975 restricted for plant renovation.																																																		
0 Air rights for future plant expansion:	The Society through an agreement with the City of New York has the right to certain air space over the East River Drive adjacent to the Hospital property. Under the terms of the agreement, plant expansion by the Society must commence prior to 1994, or the	air rights will revert back to the City. In view of its contingent nature, recognition in the financial statements of the value of this right has been deferred until such time as construction commences.																																																		
1 Tax status:	The Society is exempt from Federal income taxes under Section 501 (c) (3) of the U.S. Internal Revenue Code and has been classified as an organization which is not a private foundation under Section	509 (a). Qualifying contributions to The Society are fully deductible on the donor's income tax return up to 50% of adjusted gross income.																																																		

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*Of sums not less than
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In memory of William J.
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In memory of Joan D.
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Mother of Melissa, 1961

In memory of Melissa Woodbridge
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To The Society of the
New York Hospital

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To The Society of the
New York Hospital/1976

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Estate of Ida E. Guerin
Estate of Abby Rockefeller Mauzé
Estate of Helen Metzler
Estate of Henry Offerman
Estate of Louise Paddock
Estate of Joan Whitney Payson
Estate of Emma Rothschild
Estate of Alice Touminen

Endowed Beds

Of The Society of the
New York Hospital



- 1886 Robert Livingston Gerry
1901 Anna Peabody Wainwright
In memory of John Tillotson Wainwright
1902 Margaret J. Plant
In memory of her brother, Simon Loughman
1903 Nathaniel Whitman
1904 Howard Willets
In memory of his son, Jack Willets
1904 Harriette M. Arnold, St. George Bed,
Hicks Arnold
1905 Maria L. Campbell
In memory of Duncan Pearsall Campbell,
Governor, 1818-1827
1906 Mr. and Mrs. Henry F. Shoemaker
In memory of their son,
William Brock Shoemaker
1907 Catherine L. R. Catlin
In memory of her brother,
N. W. Stuyvesant Catlin
1908 Kate Fearing Welman
In memory of her father, Charles Edward Strong
1909 Fanny A. Haven
In memory of her husband,
George Griswold Haven
1909 Joel S. Mason
In memory of his parents,
Joel Whitney Mason and Mary Elizabeth Mason
1909 Elizabeth M. Bliss
1910 Elizabeth Fisher King
In memory of her husband, Edward King,
who died in 1908
1912 Ella R. DeWitt
In memory of her husband,
George Gosman DeWitt
1912 Catherine E. Daly
1913 Harrison E. Gawtry
In memory of his wife, Louise Brown Gawtry
1914 Frank Hartley
1915 Annie L. Morris
In memory of her husband, Fordham Morris,
who died in 1909
1916 Benjamin Robert Winthrop
In memory of his father,
Benjamin Robert Winthrop
1919 Webb Institute of Naval Architecture
1920 Adelaide Foltz Chapman
In memory of her father, William Stewart Foltz
1922 Ellen C. Harris
In memory of George W. Harris
1922 Adelina M. Cramer
In memory of her brother,
J. William Husemeyer
1922 Augusta I. Scott
1922 Mary A. FitzGerald
1922 Minetta C. Howenstine, The Howenstine Beds
1923 Marion Cutting
1923 Mary A. FitzGerald
1924 Lena Cadwalader Evans
In memory of her grandfather, Israel Corse,
a former governor of this Hospital, and
his daughter, Lena Burr Corse Evans
1924 William G. DeWitt
In memory of his brother, Theodore DeWitt
1925 William P. Wainwright
In memory of his father,
William P. Wainwright
1925 William P. Wainwright
In memory of his mother,
Cornelia R. Wainwright
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of Elizabeth Ingersoll Haven
1926 Kate Bainbridge Murray
In memory of her brother, Thomas E. Deeley
1927 Theresa R. Irving
In memory of her parents,
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Anne Sands Tucker Beck
1927 Theresa R. Irving
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her brother, Fanning Cobham Tucker Beck,
and her sister, Annie M. Tucker Beck
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In memory of her father, John Aikman Stewart
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In memory of his brother,
William P. Wainwright
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In memory of their son, Howland Gallatin Pell
1928 Almy Gallatin Pell
In memory of her father and mother,
Frederic and Almy G. Gallatin
1928 Mr. and Mrs. Edward Lathrop Ballard
1928 Mrs. Henry James
In memory of her cousin,
McEvers Bayard Brown
1929 Arthur H. Herschel
In memory of his mother,
Grace Darling Herschel
1929 Peter F. Meyer and Lizzie O. Meyer

1930 Mary L. Walker Peters,
The Charles Grenville Peters Bed
 1933 William James Boucher
In memory of his father and mother,
John and Lydia Lawrence Boucher
 1934 Jean Brown Jennings
In memory of her husband, Walter Jennings
 1934 Oliver Burr Jennings, Jeanette Jennings
Taylor, Constance Jennings Ely
In memory of their father, Walter Jennings
 1934 Mary Isabella Meek
 1936 Mrs. Thomas Williams, Thomas R.
Williams, Mrs. Dorcas W. Ferris,
Mrs. Edith S. Blydenburg,
In memory of Thomas Williams
 1939 Katherine Grace Snyder
 1939 Arthur H. Herschel
In memory of his wife,
Sarah Frances Herschel
 1939 Veronica Brown Brophy
In memory of her father, George B. Brown,
a builder of this Hospital
 1939 Edith Haggin DeLong
In loving memory of her son,
James Ben Ali Haggin Lounsbery
 1940 Edith Lounsbery Worden
In loving memory of her mother,
Edith Haggin DeLong
 1940 John A. Stewart
 1940 Mary T. Sheldon
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In memory of William R. Williams, M.D.,
Attending Physician, 1912-1932
 1942 Ballard Memorial Bed
 1943 The Pleasant Valley Mills Bed
 1943 Josiah Locke Webster
 1943 Robert Winthrop
 1944 Anonymous, The Cayuga Bed
 1944 Howard Gould and Margarete M. Gould
 1945 Augusta dePeyster
In memory of her sister, Frances dePeyster
 1945 Julia Noyes deForest
In memory of her husband, Henry W. deForest
 1945 Julia Noyes deForest
In memory of her sons, Henry W. deForest
and Charles Noyes deForest
 1947 Mrs. Leland Eggleston Cofer
In loving memory of Lucy Chauncey
 1948 Martha B. and William Fraser
 1948 Rosetta F. Sachs
In memory of Max Kaskel
 1949 William Kirk Memorial Bed
 1949 Macy Mutual Aid Association
 1949 Louise M. Griffin
In memory of her mother,
Pauline Pryibil Hoffmann

1950 The Edward L. Cussler Memorial Bed
 1950 G. Beekman Hoppin Memorial Bed
 1951 The Dillon Fund
 1953 Max Rice
 1954 John Jay, 1875-1928, Memorial Bed
 1955 The Marc Eidlitz Bed
 1955 Col. John C. C. Thornton Family
 1956 Mary E. Cuming, in loving memory
of father, mother, brothers and sisters
 1956 Dessie Greer
 1956 Eugenie M. L. Garchery
 1956 The Pleasant Valley Mills Bed, II
 1957 Mathilde S. Sterne
In memory of Simon Sterne
 1957 Marie Stewart
In memory of Virginia Stewart
 1958 Marjorie Hard
 1958 In memory of Henry Nathan, 1852-1922
Dedicated by his son, Garfield Arthur Nathan
 1958 In memory of Tillie Burgauer Nathan,
1862-1933
Dedicated by her son, Garfield Arthur Nathan
 1958 The Katherine Grace Snyder Bed
 1959 In loving memory of Ivan Henning Wichfeld
 1961 Alice McIntire Fay Memorial Bed
 1963 Mr. and Mrs. Edgar Seldon Bloom
In memory of Mrs. Bloom's parents,
James Boyle Wallace and
Fannie McKeon Wallace
 1963 Cedric Aylwin Major
 1965 Henry Lewis Phillips and
Gertrude Abbot Phillips Fund
 1966 The Estate of Cornelius Von E. Mitchell
In loving memory of Henry Spingler
In loving memory of Mary S. Van Beuren
In loving memory of Mary E. D. Mitchell
In loving memory of John W. A. Davis
 1968 Louis P. Eckhard Trust
 1970 Estate of Constance C. Gross
In honor of Constance G. and Gustave Gross
 1970 In memory of
Alfred Franciszek Jurzykowski
 1971 In memory of Alice Haven Borland

*(The following pages
list appointments held
for all or part of the
year 1976.)*



Consultants

Fred H. Allen, Jr., M.D.
Pediatrics
Arthur F. Anderson, M.D.
Pediatrics
Horace S. Baldwin, M.D.
Medicine
David P. Barr, M.D.
Medicine
Paul F. deGara, M.D.
Pediatrics
John E. Deitrick, M.D.
Medicine
Oskar Diethelm, M.D.
Psychiatry
R. Gordon Douglas, M.D.
Obstetrics & Gynecology
John W. Draper, M.D.
Urology
John H. Eckel, M.D.
Surgery
Charles C. Edwards, M.D.
Surgery
George F. Egan, D.M.D.
Dentistry
John A. Evans, M.D.
Radiology
Claude E. Forkner, M.D.
Medicine
Richard H. Freyberg, M.D.
Medicine
Milton Gabel, D.D.S.
Dentistry
Ralph W. Gause, M.D.
Obstetrics & Gynecology
Harold Genvert, M.D.
Surgery
James L. German, III, M.D.
Pediatrics
Frank Glenn, M.D.
Surgery
Arthur V. Greeley, M.D.
Obstetrics & Gynecology
Merton L. Griswold, M.D.
Plastic Surgery
Francis J. Hamilton, M.D.
Psychiatry
Cranston W. Holman, M.D.
Surgery
Donald G. Johnson, M.D.
Obstetrics & Gynecology
Hedwig Koenig, M.D.
Pediatrics
Milton I. Levine, M.D.
Pediatrics
Frederick L. Liebolt, M.D.
Orthopedics
Walsh McDermott, M.D.
Medicine
Ade T. Milhorat, M.D.
Medicine
Carl Muschenheim, M.D.
Medicine
Joseph Nathanson, M.D.
Obstetrics & Gynecology
Russel H. Patterson, M.D.
Surgery
Sherman S. Pazner, M.D.
Psychiatry
Charles M. Peterson, M.D.
Pediatrics

Bronson S. Ray, M.D.
Neurosurgery
Paul Reznikoff, M.D.
Medicine
Sidney Rothbard, M.D.
Medicine
Alphonse E. Timpanelli, M.D.
Medicine
Edward Tolstoi, M.D.
Medicine
Preston A. Wade, M.D.
Surgery
Robert F. Watson, M.D.
Medicine
Henriette Wayne, M.D.
Psychiatry
John P. West, M.D.
Surgery
Charles Winkelstein, M.D.
Psychiatry
Irving S. Wright, M.D.
Medicine

Anesthesiology

Anesthesiologist-in-Chief
Joseph F. Artusio, Jr., M.D.

Attending Anesthesiologists
Raymond Barile, M.D.
Irving Berlin, M.D.
Herbert Erlanger, M.D.
John L. Fox, M.D.
Paul Goldiner, M.D.
William Howland, M.D.
Seamus Lynch, M.D.
Benjamin Marbury, M.D.
John McCormick, M.D.
Paul Nonkin, M.D.
Cyril Sanger, M.D.
Olga Schweizer, M.D.
Harold Shifrin, M.D.
Daniel Tausig, M.D.
Marjorie Topkins, M.D.
Alan Van Poznak, M.D.

Associate Attending Anesthesiologists
Leslie L. Balazs, M.D.
Dragan Borovac, M.D.
Anita Goulet, M.D.
Sabri Gunasti, M.D.
Aileen Kass, M.D.
Louis J. Maggio, M.D.
Thomas V. Miles, M.D.
Luis Da Graca Miranda, M.D.
Sharon-Marie Rooney, M.D.
Roscoe A. Rossi, M.D.
Jerold Schwartz, M.D.
David Susman, M.D.
Liebert Turner, M.D.
Judith Weingram, M.D.

Assistant Attending Anesthesiologists
George Balint, M.D.
Gabriel Curtis, M.D.
Dennis Jascott, M.D.
Irene Lin, M.D.
Robert Lin, M.D.

Erlina Lobrin-Farcon, M.D.
John Nagy, M.D.
Richard C. Natoli, M.D.
Jana Planner, M.D.
Alan N. Rachleff, M.D.
Josephine Ragasa, M.D.
Susan Restituto, M.D.
Kenneth Rosenbaum, M.D.
Siegfried Rosenbaum, M.D.
Max Schnapp, M.D.
Joseph Shahmoon, M.D.
Edwina Sia-Kho, M.D.
Laurence D. Silver, M.D.
Michael Tjeuw, M.D.
Dragan Vuckovic, M.D.
Archibald Wightman, M.D.
Fun-Sun Yao, M.D.

GRADUATE STAFF

Anesthesiologists
Robert Altschuler, M.D.
Hector Alviar, M.D.
Jose David Castillo, M.D.
Payuanadan V. Chithran, M.D.
Kai Nui Chow, M.D.
Dae Syk Chung, M.D.
Bernard Gelbard, M.D.
Roberta Kahn, M.D.
Hotek Kim, M.D.
Kyung Sook Lee, M.D.
Clement S. Mang, M.D.
Abdul Qadir Memon, M.D.
Chong Kiat Ong, M.D.
Imelda Pineda, M.D.
Gregory Stribley, M.D.
Agnes R. Sunga, M.D.

Assistant Anesthesiologists
Reynaldo Garcia Briones, Jr., M.D.
Graziano Carlo Carlon, M.D.
Andrew Cheng, M.D.
Hyun Hwang, M.D.
Jang-Huei Jang, M.D.
Vinod Malhotra, M.D.
William Malloy, M.D.
Jayant Solanki, M.D.

Intern
Gary Reiter, M.D.

Medicine

Physician-in-Chief
Alexander G. Bearn, M.D.

Attending Physicians
Donald Armstrong, M.D.
Jeremiah A. Barondess, M.D.
David V. Becker, M.D.
E. Lovell Becker, M.D.
Morton D. Bogdonoff, M.D.
William A. Briscoe, M.D.
J. Robert Buchanan, M.D.
Charles L. Christian, M.D.
Farrington Daniels, Jr., M.D.
Vincent P. Dole, M.D.
John W. Dougherty, M.D.
Murray Dworetzky, M.D.
William J. Eisenmenger, M.D.

Ralph L. Engle, Jr., M.D.
Aaron Feder, M.D.
Susan J. Hadley, M.D.
Peter Harpel, M.D.
Henry O. Heinemann, M.D.
Lawrence E. Hinkle, Jr., M.D.
Jules Hirsch, M.D.
Melvin Horwith, M.D.
Norman B. Javitt, M.D.
William H. Kammerer, M.D.
Attallah Kappas, M.D.
B. H. Kean, M.D.
Frederic T. Kirkham, Jr., M.D.
John H. Laragh, M.D.
E. Hugh Luckey, M.D.
Aaron J. Marcus, M.D.
W. P. Laird Myers, M.D.
Ralph L. Nachman, M.D.
Robert H. Palmer, M.D.
Ralph E. Peterson, M.D.
R. A. Rees Pritchett, M.D.
George G. Reader, M.D.
Richard B. Roberts, M.D.
David E. Rogers, M.D.
Albert L. Rubin, M.D.
Lawrence Scherr, M.D.
Paul Sherlock, M.D.
Richard T. Silver, M.D.
Gregory W. Siskind, M.D.
Richard L. Soffer, M.D.
Herman Steinberg, M.D.
Kurt H. Stenzel, M.D.
David D. Thompson, M.D.
Douglas P. Torre, M.D.
John M. Wallace, M.D.

Associate Attending Physicians
Seymour Advocate, M.D.
Michael Alderman, M.D.
William A. Anderson, M.D.
Lucien I. Arditi, M.D.
Sam C. Atkinson, M.D.
Lloyd T. Barnes, M.D.
Carl A. Berntsen, M.D.
Robert T. Binford, Jr., M.D.
Norman Brachfeld, M.D.
John L. Brown, M.D.
Donald J. Cameron, M.D.
Henry A. Carr, M.D.
Susan T. Carver, M.D.
Eric J. Cassell, M.D.
William N. Christenson, M.D.
Vincent A. Cipollaro, M.D.
Hugh E. Claremont, M.D.
Eugene J. Cohen, M.D.
Morton Coleman, M.D.
B. Shannon Danes, M.D.
David S. David, M.D.
Thomas J. Degnan, M.D.
Robert E. Eckardt, M.D.
Henry R. Erle, M.D.
Edwin Ettinger, M.D.
Thomas J. Fahey, Jr., M.D.
John T. Flynn, M.D.
William T. Foley, M.D.
Constance Friess, M.D.
Martin Gardy, M.D.
David L. Globus, M.D.
Howard Goldin, M.D.

Charles H. Goodrich, M.D.
 George W. Gorham, M.D.
 Eugene L. Gottfried, M.D.
 Stephen J. Gulotta, M.D.
 Keith O. Guthrie, Jr., M.D.
 Leonard L. Heimoff, M.D.
 Richard A. Herrmann, M.D.
 Raymond B. Hochman, M.D.
 Donald W. Hoskins, M.D.
 James R. Hurley, M.D.
 William Insull, Jr., M.D.
 Abraham S. Jacobson, M.D.
 Warren D. Johnson, M.D.
 Thomas Jones, M.D.
 Lawrence J. Kagen, M.D.
 J. Harry Katz, M.D.
 George L. Kauer, Jr., M.D.
 Thomas K. C. King, M.D.
 Harvey Klein, M.D.
 Susan A. Kline, M.D.
 Herbert Koteen, M.D.
 John S. LaDue, M.D.
 Leo R. Lese, M.D. (LOA)
 Jerrold S. Lieberman, M.D.
 Martin Lipkin, M.D.
 Stephen D. Litwin, M.D.
 Michael Lockshin, M.D.
 Norton M. Luger, M.D.
 Daniel S. Lukas, M.D.
 Klaus Mayer, M.D.
 Allen W. Mead, M.D.
 Irwin Nydick, M.D.
 Mary Ann Payne, M.D.
 Francis Perrone, M.D.
 Paul E. Phillips, M.D.
 Albert A. Pollack, M.D.
 Marcus M. Reidenberg, M.D.
 Jack Richard, M.D.
 Robert R. Riggio, M.D.
 Edgar A. Riley, M.D.
 William C. Robbins, M.D.
 Thomas N. Roberts, M.D.
 Bernard Rogoff, M.D.
 Isadore Rosenfeld, M.D.
 Emmanuel Rudd, M.D.
 Stephen S. Scheidt, M.D.
 Ernest Schwartz, M.D.
 Arthur W. Seligmann, M.D.
 Charles Sheard, III, M.D.
 Raymond Sherman, M.D.
 J. Kelly Smith, M.D.
 James P. Smith, Jr., M.D.
 Lawrence S. Sonkin, M.D.
 Peter E. Stokes, M.D.
 Lila A. Wallis, M.D.
 Clinton G. Weiman, M.D.
 Babette Weksler, M.D.
 Marc Weksler, M.D.
 Aaron O. Wells, M.D.
 A. Lee Winston, M.D.

Assistant Attending Physicians

Henriette E. Abel, M.D.
 Robert R. Abel, M.D.
 Karl E. Anderson, M.D.
 Robert S. Ascheim, M.D.
 Ronald A. Asherson, M.D.
 Ralph A. Baer, M.D.
 Bry Benjamin, M.D.
 Kalman J. Berenyi, M.D.
 Harry Bienenstock, M.D.
 Robert L. Braham, M.D.

Barry D. Brause, M.D.
 Robert G. Brayton, M.D.
 David B. Case, M.D.
 Jhoong S. Cheigh, M.D.
 James P. Christodoulou, M.D.
 Foen B. Chu, M.D.
 Melva A. Clark, M.D.
 Robert L. Collier, M.D.
 C. Stephen Connolly, M.D.
 Francis P. Coombs, M.D.
 Denton S. Cox, M.D.
 Jean A. Cramer, M.D.
 Monroe T. Diamond, M.D.
 Carolyn H. Diehl, M.D.
 Lewis M. Drusin, M.D.
 Adrian L. Edwards, M.D.
 Ralph A. Eskesen, M.D.
 George A. Falk, M.D.
 Claude E. Forkner, Jr., M.D.
 John E. Franklin, Jr., M.D.
 Joel S. Gitlin, M.D.
 David Gluck, M.D.
 Charles H. Goodsell, M.D.
 Rosemary V. Gorman, M.D.
 Marshall J. Hanley, M.D.
 Janet K. Hayes, M.D.
 Joseph Hayes, M.D.
 Ann C. Hill, M.D.
 Julianne Imperato, M.D.
 Pascal J. Imperato, M.D.
 Norman J. Isaacs, M.D.
 Eric A. Jaffe, M.D.
 Vincent A. Joy, M.D.
 Ludwig Klein, M.D.
 Neil C. Klein, M.D.
 (LOA to 12/31/76)
 Edward M. Kline, M.D.
 Mary Jeanne Kreek, M.D.
 Harold L. Leder, M.D.
 (deceased 3/19)
 Marjorie G. Lewisohn, M.D.
 Robert W. Lightfoot, M.D.
 Sonia D. Lindo, M.D.
 Luther B. Lowe, Jr., M.D.
 Nicholas T. Macris, M.D.
 Mark R. Marciano, M.D.
 Joseph A. Markenson, M.D.
 Donald G. McKaba, M.D.
 George A. McLemore, Jr., M.D.
 David W. Molander, M.D.
 Anne Moore, M.D.
 John B. Morrison, M.D.
 Elizabeth C. Muss, M.D.
 Andreas P. Niarchos, M.D.
 Robert Norum, M.D.
 Martin Nydick, M.D.
 Marie E. Nyswander, M.D.
 Joseph P. Ornato, M.D.
 Benjamin B. Park, M.D.
 Mark Pasmantier, M.D.
 Richard Perkins, M.D.
 Johanna Pindyck, M.D.
 Martin R. Post, M.D.
 Aurelia Potor, M.D.
 John H. Prunier, M.D.
 Michael I. Rehmar, M.D.
 Arleen Rifkind, M.D.
 Marcos Rivelis, M.D.
 Albert M. Ross, M.D.
 Christopher Saudek, M.D.
 Robert A. Schaefer, M.D.

Lawrence Scharer, M.D.
 Leonard H. Schuyler, M.D.
 Frank A. Seixas, M.D.
 Gerald M. Silverman, M.D.
 Harry A. Sinclair, M.D.
 Charles Smithen, M.D.
 Alan G. Snart, M.D.
 Henry A. Solomon, M.D.
 Robert W. Speir, M.D.
 Herbert J. Spoor, M.D.
 Charles R. Steinberg, M.D.
 Fritz Streuli, M.D.
 John F. Sullivan, M.D.
 Luis Tapia, M.D.
 Vincent P. Vinciguerra, M.D.
 Leonard Vinnick, M.D.
 Louis J. Vorhaus, M.D.
 Gary A. Wadler, M.D.
 Michael Weber, M.D.
 Robert P. White, M.D.
 Robert J. Winchester, M.D.
 Michael J. Wolk, M.D.
 David Zackson, M.D.

Physicians to Outpatients
 Steven A. Atlas, M.D.
 Berna J. R. Blom, M.D.
 Joel Blumberg, M.D.
 Richard S. Bodaness, M.D.
 James S. Borges, M.D.
 Yolanda A. Cestero, M.D.
 Jacqueline Chami, M.D.
 Alan H. Covey, M.D.
 C. Pinckney Deal, Jr., M.D.
 Renato A. deLeon, M.D.
 Anthony J. M. deSilva, M.D.
 Edgar J. Desser, M.D.
 Douglas J. Deutsch, M.D.
 Joseph C. Dreyfus, III, M.D.
 Robert L. Erickson, M.D.
 Aldo Faga, M.D.
 T. Charles Failmezger, M.D.
 Joseph I. Franco, M.D.
 William H. Frishman, M.D.
 Wilbur Gershenson, M.D.
 Joanna Haas, M.D.
 Thomas P. Jernigan, M.D.
 Adib Karam, M.D.
 Fereydoon Khoshnood, M.D.
 Aron Lantz, M.D.
 Robert L. Letcher, M.D.
 Jorge Lopez-Ovejero, M.D.
 John F. Marchand, M.D.
 Paul L. Margulies, M.D.
 I. Ira Mason, M.D.
 Eugene G. McCarthy, M.D.
 Neva E. McGrath, M.D.
 Robert B. Millman, M.D.
 Cynthia J. Modny, M.D.
 Walter E. Mountcastle, III, M.D.
 Arthur D. Philson, M.D.
 Sanford M. Reiss, M.D.
 Charles Ressler, M.D.
 Nathaniel S. Ritter, M.D.
 Arnold M. Rochwarger, M.D.
 John S. Rodman, M.D.
 Melvin Rubenstein, M.D.
 Rabin M. Sarda, M.D.
 Benson H. Shalette, M.D.
 David Shapiro, M.D.

Maurice A. Shinefield, M.D.
 Martin Sonenberg, M.D.
 Richard Stern, M.D.
 Thomas L. Tuttle, M.D.
 Stanley S. Yormak, M.D.

Provisional Assistant Physician Thomas G. Pickering, M.D.

GRADUATE STAFF

Physicians

Henry W. Murray, M.D.
 Helen M. Shields, M.D.

Assistant Physicians

Joseph Adzimah, M.D.
 Georgette N. Aprile, M.D.
 Francis P. Arena, M.D.
 W. Stanley Arnold, M.D.
 Mark J. Atkins, M.D.
 Frederick C. Basilico, M.D.
 Edward H. Benjamin, M.D.
 Morris H. Berg, M.D.
 Jonathan D. Berman, M.D.
 David S. Blumenthal, M.D.
 George J. Bosl, M.D.
 C. Richard Bowman, M.D.
 Charles P. Bredin, M.D.
 Andrew Bronin, M.D.
 Mark S. Brower, M.D.
 Lawrence H. Byrd, M.D.
 Maxwell Chait, M.D.
 Dominick R. Chiarieri, M.D.
 James C. Chingos, M.D.
 Michael A. Chizner, M.D.
 Richard P. Cohen, M.D.
 Frank R. Crantz, M.D.
 Brian J. D'Arcy, M.D.
 Albert M. DeFabritus, M.D.
 Joseph W. DeHaven, M.D.
 Joseph A. DiPietro, M.D.
 Jeffrey Dobken, M.D.
 Jan I. Drayer, M.D.
 David L. Drout, M.D.
 Kenneth Edelson, M.D.
 George C. Ellis, M.D.
 William Elstein, M.D.
 Roger W. Enlow, M.D.
 Louis Ercolani, M.D.
 Roy H. Eriksen, M.D.
 Mark A. Fialk, M.D.
 Brian M. Frier, M.D.
 Shu Man Fu, M.D.
 Allan Gibofsky, M.D.
 Jerry I. Gliklich, M.D.
 Jon Gold, M.D.
 Bruce R. Gordon, M.D.
 Jane M. Grant, M.D.
 Geoffrey Gratwick, M.D.
 Julius Gutman, M.D.
 Daniel F. Hanley, Jr., M.D.
 Barry J. Hartman, M.D.
 Stephen L. Hauser, M.D.
 Dickerman Hollister, Jr., M.D.
 John B. Hughes, M.D.
 Barton Inkeles, M.D.
 Rasheed U. Jafar, M.D.
 Charles I. Jarowski, M.D.
 Lois G. Jovanovic, M.D.
 Stuart S. Kassan, M.D.

Hans J. Keim, M.D.
 Sung Jo Kim, M.D.
 Jeffrey Kluger, M.D.
 Barry J. Klyde, M.D.
 Lawrence W. Koblenz, M.D.
 Robert G. Lahita, M.D.
 Sheldon Leidner, M.D.
 Lit-King Leung, M.D.
 Sidney L. Levinson, M.D.
 Frederick E. Lewis, M.D.
 Daniel M. Libby, M.D.
 Allen A. Logerquist, M.D.
 Richard N. Lopatin, M.D.
 Basil K. Lucak, M.D.
 Michael J. Makowsky, M.D.
 Ralph Marcus, M.D.
 Stephen J. Marks, M.D.
 Robert J. Mascitelli, M.D.
 Henry Masur, M.D.
 Richard S. Meltzer, M.D.
 Jay A. Midwall, M.D.
 Carlyle Miller, M.D.
 Jonathan W. Miller, M.D.
 Paul F. Miskovitz, M.D.
 Jesus Montoliu, M.D.
 Jerry Nagler, M.D.
 John T. Nagurney, M.D.
 Athanasios Natos, M.D.
 Nancy Nealon, M.D.
 Stephen Paget, M.D.
 Mark S. Pascal, M.D.
 Jayantilal Patel, M.D.
 Jeffrey M. Pines, M.D.
 Richard Poon, M.D.
 Anthony Posteraro, M.D.
 Regina Pozner, M.D.
 Neil D. Ravin, M.D.
 Gene D. Resnick, M.D.
 Ronald N. Riner, M.D.
 Richard Robbins, M.D.
 John F. Romano, M.D.
 Robert L. Rothbard, M.D.
 Howard Rothman, M.D.
 Stephen Rubenstein, M.D.
 Michael Schleider, M.D.
 Michael J. Schmerin, M.D.
 James W. Schmidley, M.D.
 Moshe Schmidt, M.D.
 Eric S. Schned, M.D.
 Eugene Schreiner, M.D.
 Richard A. Schulof, M.D.
 Robert S. Shaps, M.D.
 Stephen A. Sherwin, M.D.
 Marjorie Slankard, M.D.
 Dorothy Sogn, M.D.
 Meyer N. Solny, M.D.
 Thomas R. Spitzer, M.D.
 Erasmo Sturla, M.D.
 David D. Thompson, Jr., M.D.
 Ida Tiongco, M.D.
 Theodore Tyberg, M.D.
 Michael Unger, M.D.
 Burton A. Waisbren, M.D.
 Mary Beth Walsh, M.D.
 Jeffrey S. Wasser, M.D.
 Allen S. Weiss, M.D.
 Peter C. Welch, M.D.
 Hendricks H. Whitman, III, M.D.
 Maxim Wilson, M.D.
 Michele Winter, M.D.
 David J. Wolf, M.D.

Interns

M. Flint Beal, M.D.
 Allan M. Burke, M.D.
 William D. Carlson, M.D.
 Ralph L. Cavaliere, M.D.
 Jackie Chuong, M.D.
 Richard D. Divine, M.D.
 Carin E. Dugowson, M.D.
 Brad M. Dworkin, M.D.
 Warren O. Ferris, M.D.
 Judith Freedman, M.D.
 Richard M. Fuchs, M.D.
 Robert C. Garrett, M.D.
 Harvey L. Goldberg, M.D.
 Alan H. Greenberg, M.D.
 Dan A. Henry, M.D.
 Eric J. Heyer, M.D.
 Lawrence A. Inra, M.D.
 Jeffrey C. Laurence, M.D.
 Steven K. Magid, M.D.
 Sidney H. Mandelbaum, M.D.
 Dennis A. Mazal, M.D.
 David H. Miller, M.D.
 David L. Morris, M.D.
 Timothy F. Murphy, M.D.
 Gary B. Niditch, M.D.
 Andrew J. Packer, M.D.
 Martin Perlin, M.D.
 Malcolm C. Phillips, M.D.
 Jonathan I. Ravdin, M.D.
 Lynda E. Rosenfeld, M.D.
 Stephen L. Saletan, M.D.
 Margret L. Schwartz, M.D.
 Harvey A. Snyder, M.D.
 Rosemary Soave, M.D.
 Hal D. Teitelbaum, M.D.
 Eric S. Treiber, M.D.
 Gary R. Weine, M.D.

Neurology

Neurologist-in-Chief
 Fred Plum, M.D.

Attending Neurologists
 George C. Cotzias, M.D.
 Fletcher McDowell, M.D.
 Jerome B. Posner, M.D.
 Donald J. Reis, M.D.

Associate Attending Neurologists
 H. Richard Beresford, M.D.
 Gary Birnbaum, M.D.
 Ira B. Black, M.D.
 Thomas C. Guthrie, M.D.
 Gerald H. Klingon, M.D.
 Henn Kutt, M.D.
 Paul S. Papavasiliou, M.D.
 Hart deC. Peterson, M.D.
 William R. Shapiro, M.D.
 Gail E. Solomon, M.D.
 Claude G. Wasterlain, M.D.
 Philip H. Zweifach, M.D.
 (Ophth.)

Assistant Attending Neurologists
 Jeffrey C. Allen, M.D.
 Walter A. Camp, M.D.
 Norman L. Chernik, M.D.
 Raymond H. Coll, M.D.

Robert C. Collins, M.D.
 Kathleen M. Foley, M.D.
 Mark S. Horwich, M.D.
 David E. Levy, M.D.
 Madelyn E. Olson, M.D.
 Frank Petito, M.D.
 Richard W. Price, M.D.
 David A. Rottenberg, M.D.
 John A. Schaefer, M.D.
 Lewis N. Travis, M.D.
 Peter Tsairis, M.D.

Provisional Neurologists to Outpatients

George C. Ebers, M.D.
 Richard F. Gledhill, M.D.
 Robert W. Hamill, M.D.
 Alan H. Lockwood, M.D.
 Jeffrey I. Rubin, M.D.
 Roberto P. Segura, M.D.
 Paul J. Sheehan, M.D.

Provisional Assistant Neurologist to Outpatients

Michael C. Graves, M.D.

Neurologists

Richard S. Bailyn, M.D.
 Robert W. Gilbert, M.D.
 Barrie J. Hurwitz, M.D.
 Leslie Kelman, M.D.
 Fred Lublin, M.D.
 William A. Pulsinelli, M.D.
 William T. Talman, M.D.
 George F. Wooten, Jr., M.D.

Assistant Neurologists

Joshua E. Adler, M.D.
 J. Gregory Cairncross, M.D.
 John H. Dougherty, Jr., M.D.
 Michael L. Eisenstadt, M.D.
 John A. Kessler, M.D.
 R. John Leigh, M.D.
 Donald G. Rawlinson, M.D.
 Walter H. Reichert, M.D.
 Bruce Sigsbee, M.D.
 Robert L. Van Uitert, M.D.
 Bruce T. Volpe, M.D.

Obstetrics and Gynecology

Obstetrician and Gynecologist-in-Chief
 Fritz Fuchs, M.D.

Attending Obstetricians and Gynecologists
 Hugh R. K. Barber, M.D.
 Stanley J. Birnbaum, M.D.
 Myron Buchman, M.D.
 E. William Davis, Jr., M.D.
 William P. Given, M.D.
 Edward A. Graber, M.D.
 Graham G. Hawks, M.D.
 Elmer E. Kramer, M.D.
 Robert Landesman, M.D.
 John L. Lewis, Jr., M.D.
 Richard A. Ruskin, M.D.
 Samuel F. Ryan, M.D.
 George Schaefer, M.D.

William J. Sweeney, III, M.D.
 Howard J. Tatum, M.D.

Associate Attending Obstetricians and Gynecologists

Alfred Brockunier, M.D.
 John T. Cole, M.D.
 Jerome G. Davis, M.D.
 Hilliard Dubrow, M.D.
 Walter L. Freedman, M.D.
 Carl Goldmark, Jr., M.D.
 Walter B. Jones, M.D.
 Frederick W. Martens, M.D.
 Bernard N. Nathanson, M.D.
 James J. O'Rourke, M.D.
 Virginia K. Pierce, M.D.
 Melville A. Platt, M.D.
 Frederick Silverman, M.D.
 E. Thomas Steadman, M.D.
 Louise B. Tyrer, M.D.
 Robert Wieche, M.D.

Assistant Attending Obstetricians and Gynecologists

John M. Astrachan, M.D.
 Naef K. Basile, M.D.
 Jerome H. Brander, M.D.
 Ronald M. Caplan, M.D.
 Lars L. Cederqvist, M.D.
 M. Yusoff Dawood, M.D.
 Richard J. Derman, M.D.
 Vincent DuVigneaud, Jr., M.D.
 James H. Freel, M.D.
 Wilma Gladstone, M.D.
 Enayat Hakim-Elahi, M.D.
 Robert E. Hardy, M.D.
 Andre Heltai, M.D.
 David F. James, M.D.
 Robert E. Kaye, M.D.
 Niels H. Lauersen, M.D.
 Louis J. Lissak, M.D.
 Robert N. Melnick, M.D.
 Edward K. C. Mok, M.D.
 Gideon G. Panter, M.D.
 Joseph I. Paris, M.D.
 Wilfred Reguero, M.D.
 Desider J. Rothe, M.D.
 Zoltan I. Saary, M.D.
 Samuel Soichet, M.D.
 Fouad Surur, M.D.
 Alfred Tanz, M.D.
 Bruce Tisch, M.D.
 William D. Walden, M.D.
 David B. Weinstein, M.D.
 Virginia Werden, M.D.
 Ioannis A. Zervoudakis, M.D.
 Marvin B. Zuckerman, M.D.

Obstetrician and Gynecologist to Outpatients
 Patricia Conrad de Hempel, M.D.

Provisional Obstetricians and Gynecologists
 Anek Aribarg, M.D.
 Thomas Castaldo, M.D.

GRADUATE STAFF

Obstetricians and Gynecologists

Charles Anikwue, M.D.
Sami S. David, M.D.
B. Frederick Helmkamp, M.D.
Helmur L. Karbner, M.D.
Michael Strongin, M.D.
Attila Toth, M.D.
L. K. Vijayalakshmi, M.D.
Chun Fu Wang, M.D.
Kenneth Wortman, M.D.

Assistant Obstetricians and Gynecologists

Deborah Blum, M.D.
Francis J. Browne, M.D.
John T. Chabora, M.D.
Marilyn Cozzens-Kessler, M.D.
George B. Feldman, M.D.
Joseph Finkelstein, M.D.
Marcia A. Harris, M.D.
Edward I. Jacobson, M.D.
Jin Sik Kim, M.D.
Robert A. Langer, M.D.
Josefina Marin, M.D.
Reginald Puckett, M.D.
Ben D. Ramaley, M.D.
Kathryn Schrottenboer, M.D.
Ida Ellen Schwab, M.D.
Hila K. Sela, M.D.
Monroe W. Sloan, M.D.
Ira L. Spill, M.D.
Paul Von Oeyen, M.D.

Ophthalmology

Acting Ophthalmologist-in-Chief

Donald M. Shafer, M.D.

Attending

Ophthalmologists

Alan Barnert, M.D.
Frank Constantine, M.D.
Brian Curtin, M.D.
Frederic H. Deutsch, M.D.
Eleanor Faye, M.D.
George Gorin, M.D.
Raymond Harrison, M.D.
Herbert Katzin, M.D.
Charles Kelman, M.D.
Jack Lisman, M.D.
Alfred Mamelok, M.D.
Edward Perley, M.D.
James Purnell, M.D.
William Regan, M.D.
Walter Schachat, M.D.
Abraham Schlossman, M.D.
Sigmund Schutz, M.D.
Donald M. Shafer, M.D.
R. David Sudarsky, M.D.
Frederick Theodore, M.D.
William Toll, M.D.
Richard C. Troutman, M.D.
Arnold Turtz, M.D.

Associate Attending

Ophthalmologists

Nathaniel Bronson, M.D.

Daniel Doctor, M.D.
Carl Fasano, M.D.
Marvin Gillman, M.D.
Herbert Gould, M.D.
David Karlin, M.D.
Raphael Klapper, M.D.
Peter Laino, M.D.
Jules Landowski, M.D.
Harvey Lincoff, M.D.
Edward Liva, M.D.
Joseph Magaro, M.D.
Walter Peretz, M.D.
Richard Raskind, M.D.
Julius Schneider, M.D.
Philip H. Zweifach, M.D.

Assistant Attending

Ophthalmologists

Martin Bernstein, M.D.
Stephen Bloomfield, M.D.
Lucille Burns, M.D.
Thomas Cherubini, M.D.
George Clahr, M.D.
Vittorio Coiro, M.D.
Peter Gart, M.D.
Laurence Harris, M.D.
Irene Llovera, M.D.
Murray Meltzer, M.D.
Michael Miller, M.D.
Robert Newhouse, M.D.
Peter Pinto, M.D.
Greta Spanierman, M.D.
Aleksandar Traykovski, M.D.
Edwin Trayner, M.D.
Suzanne Veronneau, M.D.
Andrew Wendling, M.D.
Lawrence Yannuzzi, M.D.

Ophthalmologists to Outpatients

Dianne Aronian, M.D.
Alberto E. Atencio, M.D.
Peter H. Berglas, M.D.
Benton Boone, M.D.
Robert H. Brown, M.D.
Stanley Burns, M.D.
Lawrence Davidson, M.D.
Harvey Dobrow, M.D.
Judith Doctor, M.D.
Jack Dodick, M.D.
Hal Farquhar, M.D.
Yale Fisher, M.D.
Michael Flynn, M.D.
Pierre Guibor, M.D.
Newell A. Hargett, M.D.
Gerald Hecker, M.D.
Albert Hornblass, M.D.
Bruce M. Hyman, M.D.
Yaffa Kahanowicz, M.D.
Danny Kaufman, M.D.
Richard Klein, M.D.
Frank P. LaFranco, M.D.
Allan M. Landers, M.D.
Donald Levine, M.D.
Jerome Levy, M.D.
Mark Lieberman, M.D.
Bernabe Loret de Mola, M.D.
Gene Matusow, M.D.
Norman Medow, M.D.
Richard Muchnick, M.D.
Anthony Musto, M.D.
Irene Nasaduke, M.D.
Peter Odell, M.D.
Satya Paul, M.D.

David Pearce, M.D.
Anthony Pisacano, M.D.
Thomas Poole, M.D.
James Schutz, M.D.
Vishwa N. Sehgal, M.D.
Frederick Shaw, M.D.
Spencer Sherman, M.D.
Martin Smithline, M.D.
Frank Socha, M.D.
Harold Waldman, M.D.
Eugene Weise, M.D.

GRADUATE STAFF

Ophthalmologist

Robert Masi, M.D.

Assistant Ophthalmologists

Ralph Di Iorio, M.D.
George Reed Failing, Jr., M.D.
Peter Liggett, M.D.
Frederic Mallen, M.D.
Lawrence Reese, M.D.

Otorhinolaryngology

Otorhinolaryngologist-in-Chief

James A. Moore, M.D.

Attending

Otorhinolaryngologists

Richard J. Bellucci, M.D.
William J. Follette, M.D.
James M. Holman, M.D.
Edward A. Meyers, M.D.
George C. Mueller, M.D.
William F. Robbett, M.D.
Alan A. Scheer, M.D.
John R. Williams, M.D.

Associate Attending

Otorhinolaryngologists

Francis C. Edmonds, M.D.
Morton L. Gutkin, M.D.
Suzanne Howe, M.D.
Milton Ingerman, M.D.
Simon C. Parisier, M.D.
Jerome Rosenthal, M.D.
John H. Seward, M.D.
John F. Struve, M.D.
(deceased 12/23)
Harry D. Tawfik, M.D.

Assistant Attending

Otorhinolaryngologists

William F. Flynn, M.D.
Andrew R. Ganz, M.D.
Stephen R. Geller, M.D.
Alvin Katz, M.D.
Michael D. Katz, M.D.
Stuart T. Nevins, M.D.
Norman J. Pastorek, M.D.
Anthony Raia, M.D.
W. Shain Schley, M.D.
Robert W. Selfe, M.D.
(LOA)
Elliott Solomon, M.D.

Otorhinolaryngologists to Outpatients

William M. Berger, M.D.

Frank W. Farrell, M.D.
Inocencio Kho, M.D.

GRADUATE STAFF

Assistant

Otorhinolaryngologists

Lloyd Dropkin, M.D.
Jern-Jon Kuo, M.D.
Ming-der Lee, M.D.
Stanley Lopyan, M.D.
Richard J. Perrotta, M.D.
Melvin Wiederkehr, M.D.

Pathology

Pathologist-in-Chief

John T. Ellis, M.D.

Attending Pathologists

Carl G. Becker, M.D.
Patrick J. Fitzgerald, M.D.
Aaron Kellner, M.D.
Robert C. Mellors, M.D.
C. Richard Minick, M.D.
George E. Murphy, M.D.
Charles A. Santos-Buch, M.D.

Associate

Attending Pathologists

Daniel R. Alonso, M.D.
George F. Gray, M.D.
Alfred M. Prince, M.D.
John F. Seybolt, M.D.
Myron Susin, M.D.
Jack F. Woodruff, M.D.

Assistant

Attending Pathologists

Margaret H. S. Clements, M.D.
Janet A. Mouradian, M.D.
Carol K. Petito, M.D.
Paul S. Symchych, M.D.
Carolyn W. Watson, M.D.
Carl F. Wolf, M.D.

Provisional

Assistant Pathologist

Naomi L. Luban, M.D.

GRADUATE STAFF

Assistant Pathologists

M. Lita Alonso, M.D.
Harold Brusman, M.D.
Robert Carvalho, M.D.
Christopher C. Chidi, M.D.
Michael Cibull, M.D.
Emile Franssen, M.D.
Steven I. Gutman, M.D.
Winston Harrison, M.D.
Edward Ilgren, M.D.
Robert D. Kalter, M.D.
Joyce Nassauer, M.D.
Eugene Pon, M.D.
Lidia Tkaczewski, M.D.
Ian Wanless, M.D.
Linda Williams, M.D.

Interns

Faith Allen, M.D.
Stephen Chasko, M.D.

Geoffrey Gottlieb, M.D.
Christine Honig, M.D.
Eva Levitan, M.D.
Gene Seligson, M.D.

Pediatrics

Pediatrician-in-Chief

Wallace W. McCrory, M.D.

Attending Pediatricians

Peter A. McF. Auld, M.D.
Kathryn H. Ehlers, M.D.
Mary Allen Engle, M.D.
Henry P. Goldberg, M.D.
Robert A. Good, M.D.
James Q. Haralambie, M.D.
Aaron R. Levin, M.D.
John E. Lewy, M.D.
Fima Lifshitz, M.D.
Denis R. Miller, M.D.
Maria I. New, M.D.
Mervin Silverberg, M.D.

Attending Psychiatrist in Pediatrics

Theodore Shapiro, M.D.

Associate Attending Pediatricians

Barbara S. Ashe, M.D.
Richard R. Bass, M.D.
Charles H. Bauer, M.D.
Virginia C. Canale, M.D.
Leon I. Charash, M.D.
Leonard R. Ehrlich, M.D.
Margaret T. Grossi, M.D.
Margaret C. Heagarty, M.D.
Margaret W. Hilgartner,
M.D.
Alfred N. Krauss, M.D.
Wan Ngo Lim, M.D.
Florence N. Marshall, M.D.
Irving H. Mauss, M.D.
Robert G. McGovern, M.D.
Virginia C. Mitty, M.D.
Bertrand L. New, M.D.
Rebecca F. Notterman, M.D.
Michael Orange, M.D.
Hart deC. Peterson, M.D.
Virginia E. Pomeranz, M.D.
Irwin Rappaport, M.D.
John C. Ribble, M.D.
Alfred Scherzer, M.D.
Madoka Shibuya, M.D.
David I. Smith, M.D.
Gail E. Solomon, M.D.
Peter S. Tolins, M.D.
Stanley Zipser, M.D.

Assistant Attending Pediatricians

Otto Billo, M.D.
Marvin Boris, M.D.
Renee Brilliant, M.D.
Mary C. Buchanan, M.D.
Walter T. Carpenter, M.D.
Benedict Caterinichio, M.D.
Henry Chang, M.D.
Alan P. DeMayo, M.D.
Duane L. Dowell, M.D.
Zulema F. Fischbarg, M.D.
William Frayer, M.D.

Diane B. Gareen, M.D.
Angela C. Gilladoga, M.D.
John R. Hoyer, M.D.
Arthur A. Klein, M.D.
Margaret M. Kugler, M.D.
Uri Lavy, M.D.
Lenore Levine, M.D.
Ralph Lopez, M.D.
Luther B. Lowe, Jr., M.D.
Alicejane Markenson, M.D.
Karl Neumann, M.D.
Birgitta Peterson, M.D.
Olive Pitkin, M.D.
Stanley E. Read, M.D.
Reuben Reiman, M.D.
Melvin Rosh, M.D.
Paul Saenger, M.D.
William T. Seed, M.D.
Maurice A. Shinefield, M.D.
Josef Soloway, M.D.
Gerald Spielman, M.D.
Peter Steinerherz, M.D.
Thornton Vandersall, M.D.
Ellyn M. Wallace, M.D.
Patricia H. Winchester, M.D.

Assistant Attending Psychiatrist

Hans F. Huebner, M.D.

Assistant Attending Neurologist

Jeffrey C. Allen, M.D.

Assistant Attending Radiologist

Paula W. Brill, M.D.

Pediatricians to Outpatients

William R. Brown, Jr., M.D.
Sonia B. Cruz, M.D.
Philip Datlof, M.D.
Gloria T. Edis, M.D.
Andrea C. V. Giardina,
M.D.
Albert C. Holtzman, M.D.
Yusuf Khakoo, M.D.
Irene Libert, M.D.
Frank Medici, M.D.
Israel I. Rayman, M.D.
Beatrice S. Slater, M.D.
Ralph Stein, M.D.

Assistant Pediatricians to Outpatients

Manju Chandra, M.D.
Charles H. Feldman, M.D.
Judith Goldstein, M.D.
Sam Kwang Kim, M.D.
Charles S. Kleinman, M.D.
Alberto Lacoious-Petrucelli,
M.D.
Phyllis Landau, M.D.
Roy H. Lieberman, M.D.
Madelyn E. Olson, M.D.
Dorothy M. Pietrucha, M.D.
Susan S. Rosell, M.D.
Jean Jacques Saranga, M.D.
Elliot J. Siegal, M.D.
Donald R. Skog, M.D.
Joel Steckelman, M.D.
Mary W. Tsai, M.D.
David Zigelman, M.D.

Provisional Assistant Pediatricians to Outpatients

Fazal Ahmad, M.D.
Jonathan D. Berman, M.D.
Marc Bestak, M.D.
Yue K. Chiu, M.D.
Jorge R. Ferraris, M.D.
Jeffrey Friedman, M.D.
Armando Grassi, M.D.
Peter Gunczler, M.D.
Seymour I. Hepner, M.D.
Marc Kaminsky, M.D.
Matthew R. Kaplan, M.D.
Elizabeth Khuri, M.D.
Roberto Lanes, M.D.
Naomi L. Corman Luban,
M.D.
Manju Malhotra, M.B.B.S.
Frank P. Manginello, M.D.
Robert McVie, M.D.
Paul A. Meyers, M.D.
Sharon E. Oberfield, M.D.
John O'Loughlin, M.D.
Songja Pang, M.D.
Fern Perlman, M.D.
Patricia T. Pisciotto, M.D.
Deborah Price, M.D.
Wolfgang Rauh, M.D.
Marjorie Rittwagen, M.D.
Ariel Rosler, M.D.
Sylvia Schechner, M.D.
Myles S. Schiller, M.D.
Surendra Sheth, M.D.
Dorothy Sogn, M.D.
Raffaele Virdis, M.D.
Richard Weiner, M.D.
William G. Woods, M.D.
Robert H. Yolken, M.D.

GRADUATE STAFF

Pediatrician

Stephanie Korn, M.D.

Assistant Pediatricians

Stephen I. Ajl, M.D.
Paul M. Baker, M.D.
Sherry Barron-Seabrook,
M.D.
Kenneth M. Bromberg,
M.D.
Mary M. Didie, M.D.
Peter C. English, M.D.
David R. Fulton, M.D.
Barry L. Golembe, M.D.
George R. Gottlieb, M.D.
Kathleen A. Haines, M.D.
David M. Kaufman, M.D.
Gerald Kolski, M.D.
Linda Linday, M.D.
Kevin R. Loughlin, M.D.
Karen M. Mackler, M.D.
Brenda H. Miller, M.D.
Johanna G. Moskowitz,
M.D.
Ruth D. Nass, M.D.
Kwaku Ohene-Frempong,
M.D.
Maura C. O'Leary, M.D.
Winston S. Price, M.D.
Lewis J. Singer, M.D.
Stuart A. Wolman, M.D.

Interns

Barry C. Altura, M.D.
Nathaniel A. Brown, M.D.
Susan D. Charlamb, M.D.
Ruthellen Fried, M.D.
Deborah A. Goldfarb, M.D.
Helene Kisch-Pniewski, M.D.
Edmund LaGamma, M.D.
Elinor P. Levine, M.D.
Nicholas A. Pawlowski,
M.D.
Mark Scher, M.D.

Psychiatry

Psychiatrist-in-Chief

Robert Michels, M.D.

Medical Director—Payne
Whitney Psychiatric Clinic
Richard N. Kohl, M.D.

Medical Director

Westchester Division
Otto F. Kernberg, M.D.
From 10/1/76
Leon N. Shapiro, M.D.
To 7/11/76

Acting Medical Director

Westchester Division
Samuel L. Feder, M.D.
From 7/12 to 9/30/76

Medical Director Emeritus

Westchester Division
James H. Wall, M.D.

Attending Psychiatrists

Stuart S. Asch, M.D.
Eric T. Carlson, M.D.
Arnold M. Cooper, M.D.
Samuel L. Feder, M.D.
Frederic F. Flach, M.D.
William A. Frosch, M.D.
Sheldon Gaylin, M.D.
William T. Lhamon, M.D.
James F. Masterson, M.D.
Arthur K. Shapiro, M.D.
Leon N. Shapiro, M.D.
Theodore Shapiro, M.D.

Attending Psychiatrist

(Behavioral Science)
Gerard P. Smith, M.D.

Attending Neurologist in Psychiatry

Donald J. Reis, M.D.

Associate Attending Psychiatrists

Harvey H. Barten, M.D.
James E. Baxter, M.D.
H. Robert Blank, M.D.
Hyam Bolocan, M.D.
James L. Curtis, M.D.
Helen E. Daniells, M.D.
Everett Dulit, M.D.
Lawrence J. Hatterer, M.D.
Peter Hogan, M.D.
Helen S. Kaplan, M.D.
Ari Kiev, M.D.

Ludwig G. Laufer, M.D.
 Alfred B. Lewis, Jr., M.D.
 Edward Y. Liang, M.D.
 Laurence Loeb, M.D.
 Alan A. McLean, M.D.
 Stanley T. Michael, M.D.
 Bertrand L. New, M.D.
 Edward L. Pinney, Jr., M.D.
 Jacques M. Quen, M.D.
 Robert A. Ravich, M.D.
 Jesse Schomer, M.D.
 Daniel N. Stern, M.D.
 Peter E. Stokes, M.D.
 Leonard R. Straub, M.D.
 John A. Talbott, M.D.
 John S. Tamerin, M.D.
 Milton Viederman, M.D.
 Peter G. Wilson, M.D.
 (LOA)
 Harold S. Wright, M.D.

Assistant Attending Psychiatrists

Edward T. Adelson, M.D.
 Arthur A. Anderson, Jr., M.D.
 Gerald A. Anderson, M.D.
 Joseph Arcuri, M.D.
 John M. Astrachan, M.D.
 Ralph Baker, M.D.
 Bruce L. Ballard, M.D.
 Judith Bronner-Huszar, M.D.
 James W. Brown, M.D.
 Edwin H. Church, M.D.
 Howard N. Cooper, M.D.
 John F. Crow, M.D.
 E. Gerald Dabbs, M.D.
 Lawrence A. Downs, M.D.
 Samuel L. Dunaif, M.D.
 Andre Dupuis, M.D.
 Stuart R. Edelson, M.D.
 James H. Egan, M.D.
 Stephen C. Ettenson, M.D.
 Gloria Faretra, M.D.
 Theodore H. Finkle, M.D.
 (Deceased)
 M. Freile Fleetwood, M.D.
 Roland J. Foraste, M.D.
 Allen J. Frances, M.D.
 Richard J. Frances, M.D.
 Mio Fredland, M.D.
 Ellen D. Freeman, M.D.
 Lawrence Friedman, M.D.
 Vivian Fromberg, M.D.
 Elias J. Gerchick, M.D.
 James G. Gibbs, Jr., M.D.
 (LOA from 8/1/76)
 Allan B. Gistrak, M.D.
 Richard Glass, M.D.
 Robert S. Grayson, M.D.
 Richard S. Green, M.D.
 Rudolph A. Gross, M.D.
 Francis J. Hamilton, Jr., M.D.
 Irving B. Harrison, M.D.
 Roy H. Hart, M.D.
 James A. Haycox, M.D.
 Thomas F. Henley, M.D.
 Philip S. Herbert, Jr., M.D.
 Daniel N. Hertz, M.D.
 Hans F. Huebner, M.D.
 Peter T. Janulis, M.D.

Bruce Johnson, M.D.
 Francis D. Kane, M.D.
 Saul E. Kapel, M.D.
 Norman L. Kaplan, M.D.
 Marilyn G. Karmason, M.D.
 M. Dorothea Kerr, M.D.
 Hae A. Kim, M.D.
 Mary M. Knight, M.D.
 Robert G. Knight, M.D.
 Allison B. Lándolt, M.D.
 Henry J. Lefkowitz, M.D.
 Robert H. Levine, M.D.
 Dorothy Lieberman, M.D.
 Edgar L. Lipton, M.D.
 Stanley Lituchy, M.D.
 John N. Loomis, M.D.
 William V. Lulow, M.D.
 Arnold S. Maerov, M.D.
 Raymond A. Manning, M.D.
 Rene C. Mastrovito, M.D.
 Marlin R. A. Mattson, M.D.
 Lillian E. McGowan, M.D.
 John F. McGrath, M.D.
 Harry H. Moorhead, M.D.
 Saverio G. Mortati, M.D.
 Wayne A. Myers, M.D.
 Abbas D. Nahas, M.D.
 Jesus Nahmias, M.D.
 Werner Nathan, M.D.
 Edward Nersessian, M.D.
 Henry Nunberg, M.D.
 H. George Nurnberg, M.D.
 Barbara E. O'Connell, M.D.
 Ralph A. O'Connell, M.D.
 Winfred Overholser, M.D.
 Edwin R. Ranzenhofer, M.D.
 Kurt C. Rawitt, M.D.
 Philip S. Robbins, M.D.
 Lawrence H. Rockland, M.D.
 Salo Rosenbaum, M.D.
 Gary H. Rusk, M.D.
 Michael H. Sacks, M.D.
 George Samios, M.D.
 Marie-Louise Schoelly, M.D.
 Michael A. Schwartz, M.D.
 Edward E. Seelye, M.D.
 Michael A. Selzer, M.D.
 Charles A. Shamoian, M.D.
 David A. Shapiro, M.D.
 Elliot R. Singer, M.D.
 James H. Spencer, Jr., M.D.
 Tom G. Stauffer, M.D.
 Sheldon E. Stearns, M.D.
 Irving Sternchein, M.D.
 Norman Straker, M.D.
 Joseph D. Sullivan, M.D.
 Alfonso Tornusciolo, M.D.
 Sylvia G. Traube, M.D.
 Kenneth F. Tucker, M.D.
 James R. Ware, M.D.
 Gloria M. Warner, M.D.
 Martin J. Weich, M.D.
 Aaron D. Weiner, M.D.
 Daniel Weitzner, M.D.
 William D. Wheat, M.D.
 Emmett Wilson, Jr., M.D.
 Alvin R. Yapalater, M.D.
 Louis C. Zang, M.D.

Assistant Attending
 Physician
 Robert B. Fath, M.D.

Psychiatrists to Outpatients
 D. Mitchell Bedenko, M.D.
 Marvin B. Blitz, M.D.
 Ronald Brady, M.D.
 George Brownstone, M.D.
 Ruth D. Bruun, M.D.
 Robert S. Carson, M.D.
 Cornelius J. Clark, M.D.
 Ruth P. Cohen, M.D.
 Socrates Constantinou, M.D.
 Lois B. de Alvarado, M.D.
 Cheryl B. Diamond, M.D.
 Mary V. DiGangi, M.D.
 Thomas L. Doyle, Jr., M.D.
 Suzanne C. Draghi, M.D.
 Eli Einbinder, M.D.
 Simon J. Epstein, M.D.
 Katherine Falk, M.D.
 Gerald I. Fogel, M.D.
 Richard J. Frances, M.D.
 George D. Igel, M.D.
 Raymond F. Jarris, M.D.
 Robert J. Kaplan, M.D.
 Rooney Khawly, M.D.
 Ralph Klein, M.D.
 James H. Kocsis, M.D.
 Merle S. Kroop, M.D.
 Patrizia A. Levi, M.D.
 Andrew N. Looker, M.D.
 Elisabeth L. Macrae, M.D.
 Sarah M. Mitchell, M.D.
 Doris B. Nagel, M.D.
 Annamaria Nucci, M.D.
 Daniel J. O'Connell, M.D.
 Avodah K. Offit, M.D.
 Salvatore J. Pagliaro, M.D.
 Irwin Potkewitz, M.D.
 Aylin Radomisli, M.D.
 Richard L. Roth, M.D.
 Jonah W. Schein, M.D.
 Max Spital, M.D.
 Lisa Tallal, M.D.
 Mark L. Teitelbaum, M.D.
 Traer Van Allen, M.D.
 Hazel Weinberg, M.D.
 Anna Zagoloff, M.D.
 Chirst L. Zois, M.D.
 Joseph A. Zito, M.D.

Physicians to Outpatients
 Donald G. C. Clark, M.D.
 A. Matthew Hilmi, M.D.

Dental Surgeons
 Malcolm S. Graham, D.D.S.
 Ralph A. Slater, D.M.D.

Assistant Dental Surgeons
 Anthony O. Rebholz, Jr., D.M.D.
 Michael B. Saul, D.M.D.

CONSULTING STAFF (Westchester Division)

Anesthesiology
 George A. Keating, M.D.
 William M. Parke, Jr., M.D.
 Samuel Z. Shey, M.D.
 Albert J. Trimarchi, M.D.

Endodontics
 Harold D. Fink, D.D.S.

Gynecology
 Frederick W. Finn, M.D.
 Walter L. Freedman, M.D.
 James T. Howard, Jr., M.D.

Medicine
 Robert E. Lee, M.D.
 Charles J. Morosini, M.D.
 John B. Moses, M.D.
 John A. Scrocca, M.D.
 William D. Stubenbord, M.D.

Neurosurgery
 Bronson S. Ray, M.D.

Ophthalmology and
 Otolaryngology
 Arnold W. Forrest, M.D.
 Samuel L. Gordon, M.D.
 Stuart T. Nevins, M.D.

Oral Surgery
 Robert J. Doherty, D.D.S.
 Sherman E. Gordon, D.D.S.
 Laurence D. Orvieto, D.D.S.

Orthodontia
 Alfred J. Braida, D.D.S.

Pathology
 John T. Ellis, M.D.

Radiology
 Alexander S. Butkiewicz, M.D.
 Charles G. Huntington, M.D.
 Stephen B. Kardon, M.D.

Surgery
 Henry F. Dawes, M.D.
 John A. Ramsdell, M.D.
 Edward A. Raymond, M.D.
 Barraud J. Watson, M.D.

Urology
 Piero O. Niceta, M.D.
 Pellegrino J. Tozzo, M.D.

GRADUATE STAFF Payne Whitney Psychiatric Clinic

Psychiatrist
 Mervyn Peskin, M.D.

Assistant Psychiatrists
 Robert C. Abrams, M.D.
 Arthur R. Albright, M.D.
 Arthur V. Badikian, M.D.
 Nora Brockner, M.D.
 Ross B. Brower, M.D.
 Judith Ann Buskin, M.D.
 Thomas A. Butler, M.D.
 Andrea J. Clair, M.D.
 Jak T. Cohane, M.D.
 Ljerka B. Drezga, M.D.
 Jack Dunietz, M.D.
 Spencer Eth, M.D.
 Ezra H. Feuer, M.D.
 Elvira Ann Foglia, M.D.
 Stanley W. Gale, M.D.

Joan P. Gerrig, M.D.
 Margaret M. Gilmore, M.D.
 Roger B. Granet, M.D.
 Pamela S. Ingber, M.D.
 Thomas P. Kalman, M.D.
 Robert G. Kammerman, M.D.
 Richard D. Kaplan, M.D.
 Jules Kerman, M.D.
 Farrukh M. Khan, M.D.
 Paul King, M.D.
 Kenneth S. Kirstein, M.D.
 Arthur P. Knauert, M.D.
 Dennis B. Kottler, M.D.
 Owen W. Lewis, M.D.
 David S. Liebling, M.D.
 Jean P. Marachi, M.D.
 Paul A. Menitoff, M.D.
 Robert B. Millman, M.D.
 James L. Moodie, M.D.
 Irving Osowsky, M.D.
 Lynda M. Parker, M.D.
 Robert S. Pynoos, M.D.
 Henry W. Ratliff, M.D.
 Ronald R. Rawitt, M.D.
 Corey N. Rigberg, M.D.
 Thomas Schreiber, M.D.
 M. Katherine Shear, M.D.
 Miriam Sherman, M.D.
 Michael W. Slome, M.D.
 Bruce M. Smoller, M.D.
 Mark A. Spiegel, M.D.
 Neil S. Talon, M.D.
 Joan Tolchin, M.D.
 Douglas J. VanderHeide, M.D.
 Walter B. Van Vort, M.D.
 Gustavo H. Vintas, M.D.
 Alan B. Wachtel, M.D.
 David H. Weber, M.D.
 Valery Yandow, M.D.

GRADUATE STAFF (Westchester Division)

Psychiatrists

Peter Levine, M.D.
 Alan S. Malter, M.D.

Assistant Psychiatrists

Georgios Alexopoulos, M.D.
 Jamshid Alizadeh, M.D.
 Paul J. Ambrosini, M.D.
 Alvaro Argueta, M.D.
 Michael Barberie, M.D.
 J. Robert Barnes, M.D.
 Patrick Beck, M.D.
 Andrew Belicic, M.D.
 Johanna Botman, M.D.
 Cleopatra Brough, M.D.
 Lilia Canchela, M.D.
 Mark Cannon, M.D.
 James Ciarcia, M.D.
 Bernard Cohen, M.D.
 Lawrence DeMilio, M.D.
 William Eckerd, M.D.
 Linda Feinfeld, M.D.
 Dean B. Harlam, M.D.
 Kevin Hughes, M.D.
 Devinder K. Jain, M.D.
 Dilip Jeste, M.D.
 Jerry Kantor, M.D.
 Ioannis Kefaliakos, M.D.

Chang Nam Kim, M.D.
 Robert Lampke, M.D.
 Ira Lazar, M.D.
 Paul Leber, M.D.
 Keith Lepp, M.D.
 Jacques Lévy, M.D.
 Arnold Lewis, M.D.
 Antonio Lobo, M.D.
 John Luke, M.D.
 Howard Owens, M.D.
 Neil Pauker, M.D.
 Kathleen Quinlan, M.D.
 Tariq Qureshi, M.D.
 George Realmuto, M.D.
 Nora Reyes, M.D.
 Thomas Sacken, M.D.
 Robert Santulli, M.D.
 Shubha Sinha, M.D.
 Karol M. Skibinski, M.D.
 Ryang Suh, M.D.
 Norma Talbo, M.D.
 Jean Turnquest, M.D.
 Hector Varas, M.D.
 Burt Weston, M.D.
 Sami Zakaria, M.D.

Radiology

Radiologist-in-Chief

Joseph P. Whalen, M.D.

Attending Radiologists

Harold A. Baltaxe, M.D.
 David V. Becker, M.D.
 Florence Chien Hwa-Chu, M.D.
 Robert H. Freiburger, M.D.
 Basil S. Hilaris, M.D.
 Morton A. Meyers, M.D.
 Zuheir Mujahed, M.D.
 Lourdes Nisce, M.D.
 Nathan Poker, M.D.
 D. Gordon Potts, M.D.
 Robin C. Watson, M.D.
 Patricia H. Winchester, M.D.

Associate Attending Radiologists

Paula W. Brill, M.D.
 F. Mitchell Cummins, M.D.
 Michael D. F. Deck, M.B., B.S.
 Antonio Govoni, M.D.
 Thomas Sos, M.D.
 George Stassa, M.D.
 Hind S. Teixidor, M.D.

Assistant Attending Radiologists

Gerald Abbott, M.D.
 Jamshid Ahmadi, M.D.
 Martin J. Barandes, M.D.
 Mostafa Ali El Batata, M.D.
 Michael Behan, M.B.B.Ch.
 Andrew Duncan, M.D.
 Bernard Ghelman, M.D.
 Amy Goldman, M.D.
 Andrew W. Haraway, Jr., M.D.
 James C. Hirschy, M.D.
 Seymour Hopfan, M.D.
 James R. Hurley, M.D.

Jerome Jacobstein, M.D.
 Jeremy J. Kaye, M.D.
 Elias Kazam, M.D.
 Charles D. Kelley, M.D.
 Daniel Kido, M.D.
 Jae Ho Kim, M.D.
 Benjamin Lee, M.D.
 Eric Martin, M.D.
 Albert Messina, M.D.
 Cosette Nieporent, M.D.
 Zoltan I. Saary, M.D.
 Robert Schneider, M.D.
 David Wixon, M.D.
 Jerald Zimmer, M.D.

Provisional Assistant Radiologists

Stavros Efremidis, M.D.
 Paul Richardson, M.D.
 Kenneth Sniderman, M.D.

GRADUATE STAFF

Assistant Radiologists

Jerrold Albom, M.D.
 James Caravelli, M.D.
 Robert Cerwin, M.D.
 Michael Christian, M.D.
 D. David Dershaw, M.D.
 Burton M. Gold, M.D.
 Margery Heneghan, M.D.
 Kenneth Goodman, M.D.
 Charles Herbstman, M.D.
 Morton Jacobs, M.D.
 Richard Katz, M.D.
 Mary McLarnon, M.D.
 Richard Moccia, M.D.
 Nahid Nazarian, M.D.
 Louis D. Neistadt, M.D.
 Robert O'Connell, M.D.
 David I. Oljan, M.D.
 Steven Perlmutter, M.D.
 Robert S. Pino, M.D.
 Joseph A. Putrino, M.D.
 Kenneth Rieth, M.D.
 Stanley Schatzman, M.D.
 Steven Seidman, M.D.
 Jesse Wexler, M.D.

Rehabilitation Medicine

Physiatrist-in-Chief

Willibald Nagler, M.D.

Attending Physiatrist

J. Herbert Dietz, M.D.

Associate Attending Physiatrists

Hermina Z. Benjamin, M.D.
 Ronald F. Green, M.D.
 Edward J. Lorenze, M.D.
 Peter H. Stern, M.D.

Assistant Attending Physiatrists

Caroline O. McCagg, M.D.
 Kanta C. Shah, M.D.

Physiatrist to Outpatients

Anna Kara, M.D.

GRADUATE STAFF

Assistant Physiatriests

Herminia P. Festin, M.D.
 Alethea Tseng-Li Hsu, M.D.
 Mahendra N. Kakarla, M.D.
 Kyung Joon Lee, M.D.
 Leopoldo G. Sunga, M.D.

Surgery

Surgeon-in-Chief

G. Thomas Shires, M.D.

GENERAL SURGERY

Attending Surgeons

William A. Barnes, M.D.
 Peter Dineen, M.D.
 Edward I. Goldsmith, M.D.
 George R. Holswade, M.D.
 William F. Nickel, Jr., M.D.
 S. Frank Redo, M.D.
 Albert L. Rubin, M.D.
 Kurt H. Stenzel, M.D.
 Bjorn Thorbjarnarson, M.D.
 George E. Wantz, M.D.
 John C. Whitsell, II, M.D.

Associate Attending Surgeons

Peter C. Canizaro, M.D.
 Eugene E. Clifton, M.D.
 (LOA)
 George N. Cornell, M.D.
 Armand F. Cortese, M.D.
 David S. David, M.D.
 Henry Gans, M.D.
 William A. Gay, Jr., M.D.
 William R. Grafe, Jr., M.D.
 Peter M. Guida, M.D.
 Henry Mannix, Jr., M.D.
 Charles K. McSherry, M.D.
 Arthur J. Okinaka, M.D.
 Robert R. Riggio, M.D.
 Paul A. Skudder, M.D.
 William T. Stubenbord, M.D.

Assistant Attending Surgeons

Ronald M. Abel, M.D.
 John M. Aronian, M.D.
 Paul W. Braunstein, M.D.
 Jhoong S. Cheigh, M.D.
 Donald G. C. Clark, M.D.
 Robert L. Clarke, M.D.
 Hollon W. Farr, M.D.
 Joel Horovitz, M.D.
 Edward B. C. Keefer, M.D.
 John C. McCabe, M.D.
 Kevin P. Morrissey, M.D.
 John B. Ogilvie, M.D.
 Earl A. O'Neill, M.D.
 Michael F. Silane, M.D.
 David S. Speer, M.D.
 Valavanur A. Subramanian, M.D.
 John F. Sullivan, M.D.
 Luis Tapia, M.D.
 Robert P. White, M.D.

Surgeons to Outpatients
 Jacqueline Chami, M.D.
 William T. Curry, M.D.
 Gregory M. Delli-Pizzi,
 M.D.
 James P. Gaston, M.D.
 Bart M. Pasternak, M.D.
 Richard N. Tiedemann,
 M.D.

Research Associate
 (Biochemistry)
 Helena Gilder, M.D.

GRADUATE STAFF

Thoracic Surgeons
 Robert J. Ellis, M.D.
 Steven Herman, M.D.
 Robert M. Kass, M.D.

Assistant Thoracic Surgeons
 Eddie L. Hoover, M.D.
 Patricia Fitzmaurice
 McCormack, M.D.
 Arthur J. Roberts, M.D.

Surgeons
 Peter Blumencranz, M.D.
 Thomas E. Brown, M.D.
 Lawrence H. Byrd, M.D.
 Robert L. Cucin, M.D.
 John M. Davis, M.D.
 Albert M. DeFabritus, M.D.
 Louis Ercolani, M.D.
 Robert J. Goldenkranz, M.D.
 Mark E. Helbraun, M.D.
 Kenneth S. Kelleher, M.D.
 Sung Jo Kim, M.D.
 Young Chul Kim, M.D.
 Samuel P. Martin, M.D.
 Philip J. McWhorter, M.D.
 Jesus Montoliu, M.D.
 Michael F. Nigro, M.D.
 Garo Yerevanian, M.D.

Assistant Surgeons
 Stephen Allen, M.D.
 Patrick L. Ballen, M.D.
 Howard L. Beaton, M.D.
 James M. Brungardt, M.D.
 Michael E. Burt, M.D.
 Paul A. Church, M.D.
 Donald F. Clukies, M.D.
 John R. Cunningham, M.D.
 Peter L. Cunningham, M.D.
 Richard L. Dombroff, M.D.
 John B. Famiglietti, M.D.
 Gerry C. Fox, M.D.
 John F. Gallagher, M.D.
 Pamela M. Gallagher, M.D.
 Gary M. Gartsman, M.D.
 Neil A. Green, M.D.
 Richard E. Greenberg, M.D.
 Maria A. Gyorffy-Katona,
 M.D.
 Ronald K. Harris, M.D.
 Benedict T. Harter, Jr., M.D.
 Murk-Hein Heinemann,
 M.D.
 William P. Homan, M.D.
 Karen E. Leider, M.D.

Stephen D. Leonard, M.D.
 Michael R. Madden, M.D.
 David A. Mayer, M.D.
 Robert L. McEntyre, M.D.
 Carl Mills, II, M.D.
 Lucille J. Norstrand, M.D.
 Eugene J. Nowak, M.D.
 Paul M. Pellicci, M.D.
 Stuart B. Pett, Jr., M.D.
 Stephen J. Pilipshen, M.D.
 Robert A. Reichert, M.D.
 Steven L. Shapiro, M.D.
 Jacob E. Tauber, M.D.
 Norman B. Turoff, M.D.
 Rand M. Voorhies, M.D.
 Judith Whitcomb, M.D.
 Thomas L. Wickiewicz,
 M.D.
 William V. Wojeski, M.D.
 Patricia D. Yarberry-Allen,
 M.D.
 Richard J. Yarger, M.D.
 Wilfred W. B. Yee, M.D.

Dental and Oral Surgery

Attending Oral Surgeon-in-Charge
 Stanley J. Behrman, D.M.D.

Consultants in Dentistry
 George F. Egan, D.M.D.
 Milton Gabel, D.D.S.

Attending Dentist
 John J. Putnam, D.D.S.

Associate Attending Oral Surgeon
 Thomas I. Carey, D.D.S.

Associate Attending Dentist (Orthodontist)
 Robert M. Cole, D.D.S.

Associate Attending Dentist (Periodontist)
 Seymour M. Koteen, D.D.S.

Associate Attending Dentists (Prosthodontists)
 Gerald M. Galvin, D.D.S.
 Ivin B. Prince, D.D.S.

Associate Attending Dentists
 Lawrence A. Behrman,
 D.D.S.
 Ernest R. Picarro, D.D.S.

Assistant Attending Oral Surgeons
 Stephen E. Carney, D.D.S.
 Thomas M. Darrigan,
 D.D.S.
 Joseph J. Zito, D.D.S.

Assistant Attending Dentist (Endodontist)
 Joseph M. Leavitt, D.D.S.

Assistant Attending Dentists (Pedodontist)
 David J. Levine, D.D.S.
 Jack L. Mitchell, D.D.S.
 Alan Wishner, D.M.D.

Assistant Attending Dentist (Roentgenologist)
 J. Kenneth Schmidt, D.M.D.

Assistant Attending Dentist (TMJ)
 Leonard E. Quitt, D.D.S.

Assistant Attending Dentist
 Alfred A. Brown, D.D.S.

Assistant Attending Dentist (Myo-functional Therapy)
 Harvey Miller, D.D.S.

Assistant Attending Dentist (Orthodontist)
 Joseph D. Davis, D.D.S.

Dentists to Outpatients (Endodontist)
 Nelson I. Mendell, D.M.D.

Dentist to Outpatients (Oral Surgeon)
 Arthur C. Elias, D.M.D.

Dentist to Outpatients (Orthodontists)
 Peter H. Cain, D.D.S.
 Henry I. Nahoum, D.D.S.

Dentist to Outpatients (Periodontist)
 Joseph E. Rowan, D.D.S.

Dentist to Outpatients (Prosthodontist)
 Jason C. Lee, D.D.S.

Dentist to Outpatients
 George Sferra, Jr., D.D.S.

GRADUATE STAFF

Oral Surgeons
 Marc I. Feldman, D.D.S.
 Frank D. Shapins, D.D.S.

Assistant Oral Surgeon
 Jerry L. Halpern, D.D.S.

Intern in Oral Surgery
 Todd J. Berman, D.M.D.

Intern—General Practice Residency Program
 Roy A. Schonbrun, D.D.S.

Neurosurgery

Attending Surgeon-in-Charge
 Russel H. Patterson, Jr., M.D.

Consultant
 Bronson S. Ray, M.D.

Attending Surgeon
 Howard S. Dunbar, M.D.

Associate Attending Surgeons
 Richard A. R. Fraser, M.D.
 Joseph H. Galicich, Jr.,
 M.D.

GRADUATE STAFF

Surgeons
 Peter J. Grillo, M.D.
 Laurence J. Guido, M.D.
 William R. White, M.D.

Assistant Surgeons
 Ehud Arbit, M.D.
 Alec Danylevich, M.D.
 Francis W. Gamache, Jr.,
 M.D.
 Masaaki Usui, M.D.
 Shinichi Yoshida, M.D.

Orthopedics

Surgeon-in-Chief, The Hospital for Special Surgery
 Philip D. Wilson, Jr., M.D.

Consultant
 Frederick L. Liebolt, M.D.

Attending Surgeons
 William D. Arnold, M.D.
Chief, Combined Fracture Service of The New York Hospital and The Hospital for Special Surgery
 Rolla D. Campbell, Jr., M.D.
 John H. Doherty, M.D.
 Allan E. Inglis, M.D.
 L. Ramsay Straub, M.D.

Associate Attending Surgeons
 Walther H. O. Bohne, M.D.
 John N. Insall, M.D.
 Bernard Jacobs, M.D.
 Joseph M. Lane, M.D.
 David B. Levine, M.D.
 Peter J. Marchisello, M.D.
 Ralph C. Marcove, M.D.
 John L. Marshall, M.D.
 Chitranjan S. Ranawat, M.D.
 Leon Root, M.D.
 Eduardo A. Salvati, M.D.

Assistant Attending Surgeons
 Howard D. Balensweig,
 M.D.

John P. Lyden, M.D.
 Victor Mayer, M.D.
 Jeanne Pamilla, M.D.
 Konstantin P. Velis, M.D.
 Jayaraja Yogaratnam, M.D.

Surgeons to Outpatients
Samuel Avnet, M.D.
Robert Goldstone, M.D.
Thomas D. Rizzo, M.D.

GRADUATE STAFF

Surgeons

Neil A. Beinhaker, M.D.
George C. Brown, M.D.
Joseph T. Corona, M.D.
Donald D. Davidson, M.D.
Randall J. Lewis, M.D.
Michael W. Panio, M.D.
W. Norman Scott, M.D.
Jon B. Wang, M.D.

Assistant Surgeons

Pedro M. Botero, M.D.
Joseph F. Fetto, M.D.
David J. Fleiss, M.D.
Harry Goldmark, M.D.
Robert D. McMillan, M.D.
John E. Morrison, M.D.
Jacob D. Rozbruch, M.D.
Richard L. Salzer, M.D.

Plastic Surgery

Attending

Surgeon-in-Charge
Dicran Goulian, Jr., M.D.

Consultant

Merton L. Griswold, M.D.

Associate Attending Surgeons

Randolph H. Guthrie, Jr., M.D.
James W. Smith, M.D.

Assistant Attending Surgeon

Laurence R. LeWinn, M.D.

Surgeons to Outpatients

George T. Craig, M.D.
Francis J. Gillen, M.D.
Gerald Imber, M.D.
Danica N. Kovachev, M.D.
Robert G. Schwager, M.D.

GRADUATE STAFF

Surgeons

Robert A. Harvey, M.D.
Robert S. Improta, M.D.
Peter J. Linden, M.D.
Edward W. Powers, M.D.
Lawrence S. Reed, M.D.
Henry J. Zackin, M.D.

Assistant Surgeons

Joseph Feinberg, M.D.
Maja S. Ruetschi, M.D.
Bernard D. Sklansky, M.D.

Urology

Attending

Surgeon-in-Charge
Victor F. Marshall, M.D.
(to 6/30/76)

**Acting Attending
Surgeon-in-Charge**
Edward C. Muecke, M.D.
(from 7/1/76)

Consultant

John W. Draper, M.D.

Attending Surgeons

John G. Keuhnelian, M.D.
Russell W. Lavengood, Jr.,
M.D.
Victor F. Marshall, M.D.
John H. McGovern, M.D.
Edward C. Muecke, M.D.
Willet F. Whitmore, Jr.,
M.D.
John J. Williams, M.D.

Associate Attending Surgeons

Mitchell Brice, II, M.D.
(LOA)
John W. Coleman, Jr., M.D.
Jon M. Reckler, M.D.

Assistant Attending Surgeons

James P. McCarron, Jr.,
M.D.
Piero O. Niceta, M.D.

Surgeons to Outpatients

William Reid Pitts, Jr.,
M.D.
Anthony N. Spinelli, M.D.
Robert S. Waldbaum, M.D.

GRADUATE STAFF

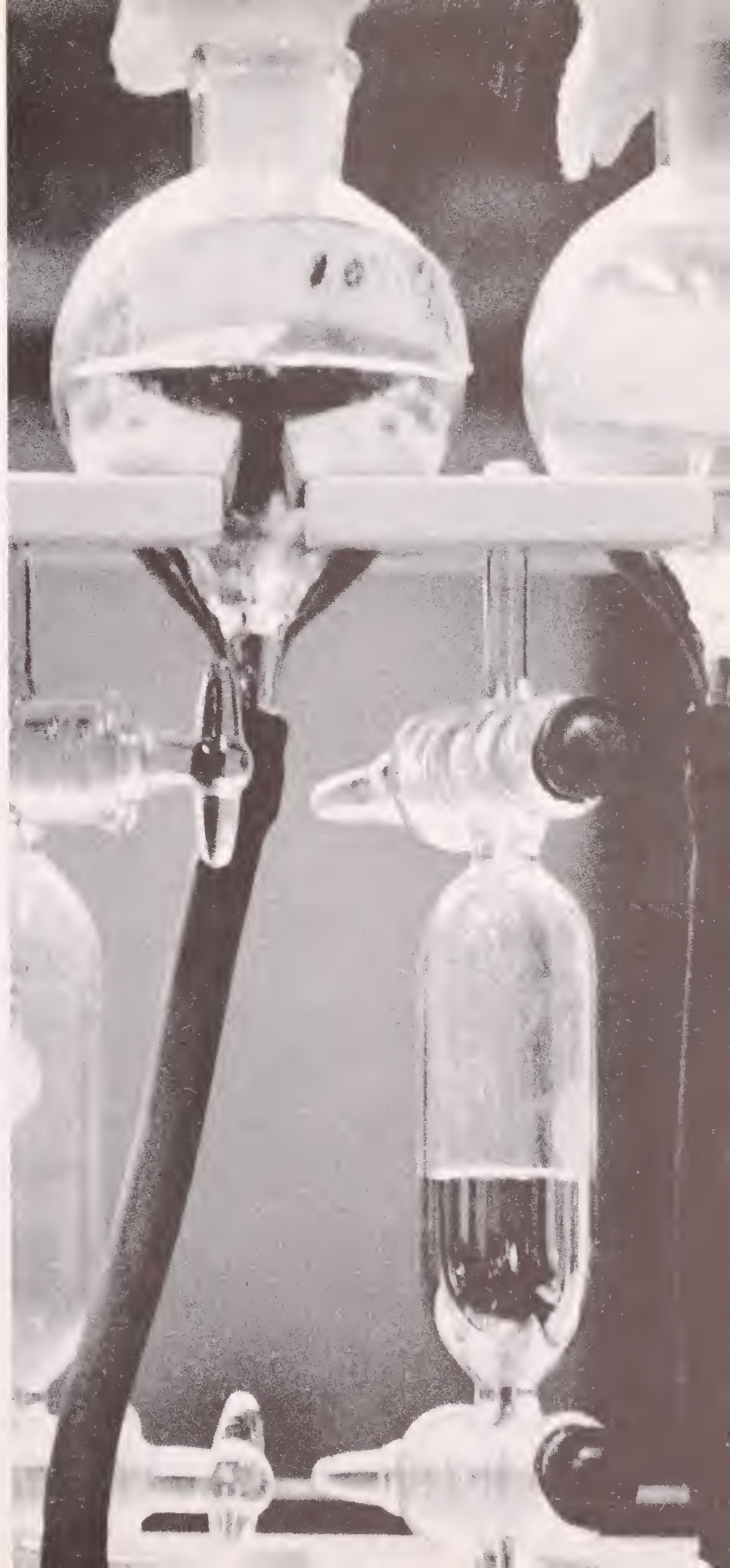
Surgeons

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The suggested terminology for an unrestricted devise or bequest is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York, . . . (description of the property) to be used by the Board of Governors for its general corporate purposes."

For a restricted devise or bequest, the suggested terminology is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York, . . . (description of the property) to be used for the following purpose(s). . . ."

As a recommended alternative to the restricted devise or bequest, a testator may request the Board of Governors, without directing it to do so, to use such devise or bequest for the purchase or construction of specific capital additions, plant improvements or in support of programs conducted by the Hospital or its Departments. In such case, the devise or bequest will be classified as unrestricted but, subject to discretionary approval of the Board of Governors, will be used to carry out such request. This alternative is preferable to the restricted devise or bequest because it empowers the Board to exercise discretion in dealing with constantly changing priorities and requirements of this large hospital thereby providing flexibility not present under confining terms of a restricted devise or bequest. When this method is followed, and application of the devise or bequest is left to the Board's discretion, the actual intent of the testator can be better served to the Hospital's advantage than is possible under rigid restrictions.

The New York Hospital encourages gifts without restriction so as to permit greater facility in planning and administering its extensive and complex programs of patient care and medical education.

An Estate Affairs program has been established at the Hospital. The program complements its traditional sources of philanthropic support by offering deferred giving opportunities through Charitable Remainder Trusts than can benefit donors as well as the Hospital.

**A Gift to The
New York Hospital**

**For the Guidance
of Your Attorney**

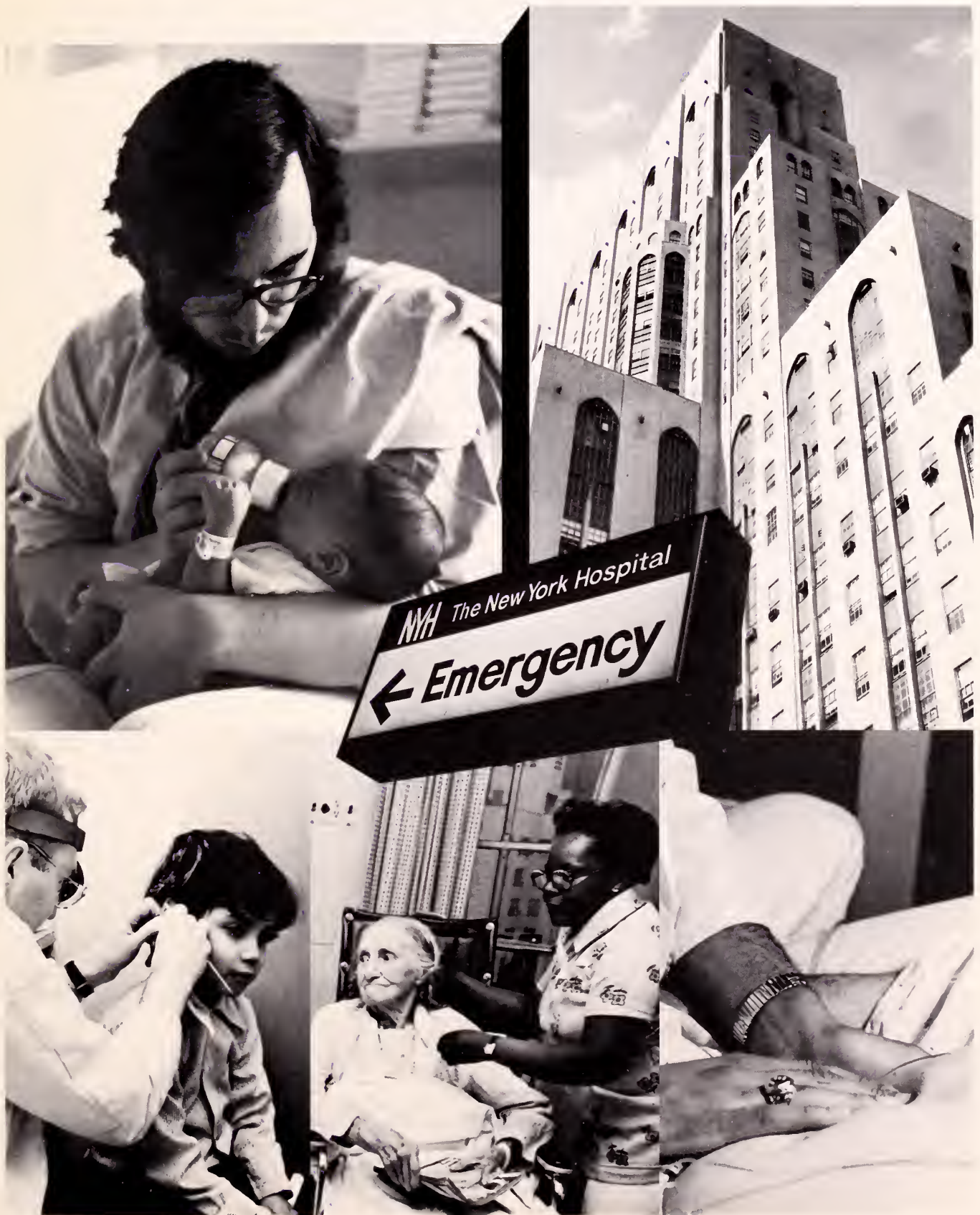
In the event you would like further information, please consult your attorney or the Office of the Secretary of The Society:

Secretary
The Society of the New York Hospital
525 East 68th Street
New York, N.Y. 10021

The Society of the
New York Hospital

525 East 68th Street
New York, New York 10021







In the year 1771, "sundry publick-spirited persons, influenced by the spirit of benevolence," petitioned King George III of England for a charter of incorporation, the purpose being to establish for the first time in the City of New York, "a publick hospital, one of the most useful and charitable institutions."

The charter was granted and The New York Hospital came into being, operated by The Society of the New York Hospital through its Board of Governors, all private individuals donating their time and energy to the endeavor. It stands today as living testimony to the spirit of man's humanity to man.

A non-profit institution, the Hospital has extended its healing hand to ten generations of Americans and cared for five million sick people.

From the beginning the Hospital was interested in the mentally ill. In 1821 a new division was opened on Upper Broadway to care for psychiatric patients, called Bloomingdale Asylum. Later the institution moved to White Plains, N.Y., where it is now known as The New York Hospital-Cornell Medical Center, Westchester Division.

In 1877 the Hospital moved from lower Manhattan to Sixteenth Street and established its School of Nursing. Affiliation with the Cornell University Medical College in 1912 furthered the Hospital's goal of becoming one of the world's great teaching institutions. The Hospital moved to its present site in 1932. Included in the new structures was the Payne Whitney Psychiatric Clinic, providing both in-patient and out-patient care for the mentally ill in an urban setting.

The New York Hospital-Cornell Medical Center, occupying more than three city blocks at 68th Street and East River Drive, is made up of the Hospital, the Cornell University Medical College and the Cornell University-New York Hospital School of Nursing. Today the Center ranks as one of the major health care complexes of the nation.

Throughout its history, The New York Hospital has adhered to a four-fold goal: care of the sick; research; teaching; and preventive medicine.

The Society of the New York Hospital

1977 Annual Report

Contents

Officers and Governors of The Society	2
Executive and Standing Committees of the Board of Governors	3
Officers and Committees of the Joint Board of the New York Hospital-Cornell Medical Center	4
Report of the President of The Society <i>by Stanley de J. Osborne</i>	5
Report of the Director <i>by David D. Thompson, M.D.</i>	10
Progress in Patient Care and Research <i>by David D. Thompson, M.D.</i>	12
Financial Statements	23
Report on the Third Century Program <i>by Dale R. Corson, Mrs. John Elliott, Jr., and Arthur R. Taylor</i>	33
Statistical Highlights	34
Report of the President of the Auxiliary <i>by Mrs. L. Patton Kline</i>	36
Report of the Director of Volunteers <i>by Mrs. Louise Floeckher</i>	37
Donors to the Third Century Program	38
Donors to The Society	39
Professional Staff	43
"A Gift to The New York Hospital": Guidance for Your Attorney	Inside back cover

Past Presidents

John Hay Whitney,
1950-1953,
Life Governor
Francis Kernan,
1957-1960,
Life Governor
Frederick K. Trask, Jr.,
1961-1965,
Life Governor
Kenneth H. Hannan,
1966-1974,
Governor

Officers, 1978

Stanley de J. Osborne,
President
Mrs. Vincent de Roulet,
Vice-President
(Operations)
Edwin Thorne,
Vice-President
(Investment)
John L. Weinberg,
Vice-President
(Finance)
Frank S. Streeter,
Vice-President and Treasurer
David D. Thompson, M.D.,
Vice-President and Director
of The Society of the New York
Hospital
H. Mefford Runyon,
Secretary
Julius D'Elia,
Assistant Treasurer
Vivian M. Schuler,
Assistant Secretary

Board of Governors

George F. Baker, III
R. Palmer Baker, Jr.
Hays Clark
Dale R. Corson
Mrs. Alexander T. Daignault
Mrs. Vincent de Roulet
Walter G. Dunnington, Jr.
Mrs. John Elliott, Jr.
James H. Evans
Edward Ward Franklin
Frederick W. Gluck
Kenneth H. Hannan
Marifé Hernandez
Jerome H. Holland
Devereux Milburn
Mrs. Daniel R. Murphy
Stanley de J. Osborne
Ogden Mills Phipps
Robert W. Purcell
Frank S. Streeter
William P. Tavoulareas
Arthur R. Taylor
Paul E. Taylor, Jr.
Edwin Thorne
David W. Wallace
Harold Weill
John L. Weinberg
Walter B. Wriston

Life Governors

Cornelius N. Bliss, Jr.
William A. M. Burden
Benjamin S. Clark
Mrs. Alexander C. Cushing
C. Douglas Dillon
Samuel S. Duryee
Francis Kernan
John L. Loeb
Louis M. Loeb
George S. Moore
Augustus G. Paine
Ogden Phipps
Henry N. Pratt, M.D.
Laurance S. Rockefeller
Frederick K. Trask, Jr.
Albert Carey Wall
John Hay Whitney
Langbourne M. Williams

**Senior
Administrative Officers
of the Hospital**

David D. Thompson, M.D.,
Director of The Society of the
New York Hospital
Melville A. Platt, M.D.,
Executive Associate Director,
The Society of the New York
Hospital
Eleanor C. Lambertsen, R.N.,
Ed.D., D.Sc.
Senior Associate Director,
Nursing Services, The Society
of the New York Hospital
Julius D'Elia,
Senior Associate Director,
Administrative Services, The
Society of the New York Hospital

United States Trust Company
of New York,
Investment Management Counsel
Kelley Drye and Warren,
General Legal Counsel
Arthur Andersen & Co.,
Auditors
Bank of New York,
Trustee,
Professional Liability Insurance Fund
Citibank N.A.,
General Operating Bank

Medical Board

David D. Thompson, M.D.,
President
Joseph F. Artusio, Jr., M.D.,
Secretary
Charles L. Christian, M.D.
John T. Ellis, M.D.
Fritz Fuchs, M.D.
Otto Kernberg, M.D.
Wallace W. McCrory, M.D.
Robert Michels, M.D.
James A. Moore, M.D.
Willibald Nagler, M.D.
Mary Ann Payne, M.D.
Fred Plum, M.D.
George Reader, M.D.
Jack Richard, M.D.
Albert L. Rubin, M.D.
Donald M. Shafer, M.D.
G. Thomas Shires, M.D.
George E. Wantz, M.D.
Joseph P. Whalen, M.D.

Executive Committee

Stanley de J. Osborne,
Chairman
Mrs. Vincent de Roulet
Mrs. John Elliott, Jr.
James H. Evans
Kenneth H. Hannan
Robert W. Pureell
Frank S. Streeter
Arthur R. Taylor
Edwin Thorne
Harold Weill
John L. Weinberg
John Hay Whitney,
Life Governor
Walter B. Wriston

Audit Committee

Edward Ward Franklin,
Chairman
Hays Clark
Mrs. Alexander T. Daignault
Walter G. Dunnington, Jr.
George S. Moore,
Life Governor
Mrs. Daniel R. Murphy

**Facilities Planning
and Review Committee**

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Chairman
R. Palmer Baker, Jr.
Hays Clark
Frederick W. Gluck
Robert W. Purcell
Robert H. Abrams
(*Public Member*)

Finance Committee

John L. Weinberg
Chairman (Budget)
George F. Baker, III
Walter G. Dunnington, Jr.
Frederick W. Gluck
(Financial Planning)
Kenneth H. Hannan
Jerome H. Holland
Devereux Milburn
George S. Moore
Life Governor
Richard de J. Osborne
(*Public Member*; Data Processing)
Frank S. Streeter
(Finances)
Paul E. Taylor, Jr.
David W. Wallace
(Personnel & Retirement Policies)

Investment Committee

Edwin Thorne
Chairman
George F. Baker, III
Benjamin S. Clark
Hays Clark
Kenneth H. Hannan
Augustus G. Paine
Life Governor
Ogden Mills Phipps
Robert W. Pureell
Harold Weill

Nominating Committee

James H. Evans
Chairman
Mrs. Alexander C. Cushing
Mrs. Vincent de Roulet
Mrs. John Elliott, Jr.
Kenneth H. Hannan
Devereux Milburn
Robert W. Purcell
Frank S. Streeter
Albert Carey Wall
Life Governor

Operations Committee

Mrs. Vincent de Roulet
Chairman (Nursing Service)
Kenneth H. Hannan,
Vice-Chairman (Public Health)
R. Palmer Baker, Jr.
(Psychiatry)
Hays Clark
(Otorhinolaryngology)
Mrs. Alexander C. Cushing
(Ophthalmology)
Mrs. Alexander T. Daignault
(Obstetrics and Gynecology)
Walter G. Dunnington, Jr.
(Anesthesiology)
Frederick W. Gluck
(Pathology)
Marifé Hernandez
(Perinatology Center)
Devereux Milburn
(Neurology)
Stanley de J. Osborne
(Medicine)
Ogden Mills Phipps
(Rehabilitation Medicine)
Frank S. Streeter
(Surgery)
William P. Tavoulares
(Burn Center)
Paul E. Taylor, Jr.
(Rogosin Kidney Center)
Edwin Thorne
(Cardiovascular Center)
David W. Wallace
(Radiology)
Harold Weill
(Pediatrics)

**The Joint Board
of the
New York Hospital-
Cornell Medical Center**

**Joint Board
Committees**

Dale R. Corson,
Chairman[°]
Arthur H. Dean,[°]
Emeritus
Mrs. John Elliott, Jr.^{°°}
Kenneth H. Hannan^{°°}
Stanley de J. Osborne^{°°}
Robert W. Purcell[°]
Frederick K. Trask, Jr.,^{°°}
Emeritus
Harold D. Uris[°]
Stephen H. Weiss[°]
John Hay Whitney,^{°°}
Emeritus
Walter B. Wriston^{°°}

Non-Voting Members:

Theodore Cooper, M.D.,
*Dean, Cornell University
Medical College*
David D. Thompson, M.D.,
*Director, The Society of the
New York Hospital*

[°] CORNELL REPRESENTATIVE

^{°°} HOSPITAL REPRESENTATIVE

Development Committee

Mrs. Vincent de Roulet,
Chairman
Dale R. Corson
E. Hugh Luckey, M.D.,
Vice-Chairmen
Mrs. Alexander T. Daignault
Mrs. John Elliott, Jr.
Kenneth H. Hannan
Stanley de J. Osborne
Arthur R. Taylor
Edwin Thorne
Harold Weill

**COORDINATION,
PLANNING &
REVIEW COMMITTEE**

Dale R. Corson,
Chairman
Mrs. Alexander T. Daignault
Mrs. Vincent de Roulet
Mrs. John Elliott, Jr.
Jansen Noyes, Jr.
Stanley de J. Osborne
Arthur R. Taylor
Harold Weill

Administration Members:

Theodore Cooper, M.D.
E. Hugh Luckey, M.D.
David D. Thompson, M.D.

**SPECIAL AD HOC
COMMITTEE**

Ogden Mills Phipps
William P. Tavoulaareas
John L. Weinberg
Walter B. Wriston
Frederick K. Trask, Jr.,
Life Governor

**THIRD CENTURY
COMMITTEE**

Mrs. John Elliott, Jr.
Arthur R. Taylor
Dale R. Corson,
Co-Chairmen

E. Hugh Luckey, M.D.
Jansen Noyes, Jr.
Harold Weill,
Vice-Chairmen

Robert H. Abrams
George F. Baker, III
R. Palmer Baker, Jr.
Benjamin S. Clark
Hays Clark
David J. Culbertson
Mrs. Alexander C. Cushing
Mrs. Vincent de Roulet
James H. Evans
Edward Ward Franklin
Frederick W. Gluck
Kenneth H. Hannan
Robert J. McDonald
Stanley de J. Osborne
Mary Ann Payne, M.D.
Robert W. Purcell
Harvey E. Sampson
Nelson Schaenen, Jr.
Charles T. Stewart
Patricia Carry Stewart
Frank S. Streeter
Paul E. Taylor, Jr.
Edwin Thorne
David W. Wallace
Stephen H. Weiss

**ANNUAL GIVING
& SPECIAL EVENTS
COMMITTEE**

Mrs. Alexander T. Daignault,
Chairman
Hays Clark,
Vice-Chairman, Annual Giving
Mrs. David Evins,
Vice-Chairman, Special Events
Donald J. Cameron, M.D.
Mrs. Ronald Caplan
Mrs. Alexander C. Cushing
E. William Davis, Jr., M.D.
Walter G. Dunnington, Jr.
Mrs. Edwin Jay Gould
Ms. Marifé Hernandez
Daniel F. Herrick
(Public Member)
Jerome H. Holland
Mrs. Gerald Imber
Mrs. L. Patton Kline
Russell W. Lavengood, Jr., M.D.
Miss Vivian Schuler

**Public Affairs
Committee**

Ms. Marifé Hernandez,
Chairman
Jean W. Schoonover,
Vice-Chairman
Frederick W. Gluck
Thomas Wise
(Public Member)



A day at NYH is 24 hours.

In making this report, The New York Hospital's 206th annual, to our large number of friends and colleagues I must emphasize that throughout 1977 health care progress and financial and bureaucratic problems ran evenly on parallel courses.

The New York Hospital in the year under review enhanced its position as a leader in the whole field of health care in the United States, as a voluntary institution where men and women devote their lives to easing pain and lengthening the life span of those entrusted to their care. This progress has been accomplished by the dedicated work of capable and experienced medical, administrative and service personnel. This staff of 5,000 individuals have skillfully coordinated their efforts with the loyal support of contributors, not only to sustain New York Hospital's widely recognized areas of service, but to make major advances in such critical areas as burn treatment, the aging process, heart disease, high blood pressure and child care.

Simultaneously we have been struggling against non-medical problems created by outside forces, including agencies of the state and federal governments, all third-party payers, and, of course, the serious economic disease of inflation. We have also been saddened when death has taken such talented leaders from our midst as Edward W. Bourne and George F. Baker, Jr., men who over the years contributed so greatly to the prestige and success of this institution.

Structure

The long and fruitful relationship between The Society of the New York Hospital and the Cornell University health professional units in New York City has provided our country with one of its outstanding academic and teaching institutions.

The relationship, formalized a half century ago in the Joint Agreement between The Society of the New York Hospital and Cornell University, has

been under intensive study for two years. The intent of this review has been to keep the agreement current and truly reflective of changing times and conditions in the field of health care.

I am pleased to say that this work has now been accomplished with the following major results:

— The Joint Agreement between The Society of the New York Hospital and Cornell University has had its first complete overhaul in 50 years; the new agreement became effective on October 1, 1977.

The New York Hospital-Cornell Medical Center Joint Board continues as an important coordinating and advisory body, but not as an administrative body. Two activities, development and public affairs, remain as major Center activities. The Joint Board, made up of four representatives of the governing boards of Cornell and of the Hospital, meets bi-monthly to review joint affairs.

A further important element of this new agreement is the joint selection process for clinical department and interdisciplinary center chiefs of service, whereby the director of the Society and the dean of the Medical College share the selection power.

— The bylaws of the Hospital have been brought up to date, not only to meet the ever-changing rules for public bodies, but to permit a much closer relationship and more frequent consultation between the Board of Governors and the professional, administrative and financial staff of the Hospital.

— The bylaws of the Medical Board and the Auxiliary have also been modernized.

Although no guarantors of progress in themselves, these documents, bolstered by the cooperative attitude of administrative groups throughout the Medical Center, are creating an unusual spirit of unified direction between academic and clinical operation.

Lastly, the Board of Governors has reorganized its committee system, re-

ducing the number of committees to seven from seventeen. This has resulted in much needed simplification.

Facilities

■ The major new 24-bed Burn Center has been in full operation for one year, and the proposed increase to 40 beds has been approved in principle recently by the State. This Center has more than proved its tremendous worth to New York and to the whole East. Burn victims who would not be alive today, or would be crippled, are fully recovered, thanks to this facility and to the special teams of doctors and nurses directed by Drs. Shires and Curreri.

■ The administration is planning moves within our existing structures which are designed to reduce crowding in some areas, to improve patient care and to improve physical communications within our buildings.

■ As can be seen from our financial statements, net capital additions to our plant were \$5,210,000 in 1977, which is in excess of provisions for de-

preciation. As the years go by, more and more money is required to keep up buildings, to improve facilities and to keep up with the rapid advances of medical science.

As can readily be noted from our statements, progress in programs and facilities depends increasingly upon the gifts and contributions of our many generous friends throughout the country.

Finances

Nineteen seventy-seven showed the results of hard work, vastly improved management, great cooperation by all of the Hospital's personnel and an increased awareness throughout the institution of the serious financial problems faced by the private, non-profit, teaching hospitals in our country.

I wish it were possible to say that this improvement, indicated by the operating loss of \$1,951,000 in 1977, compared to \$2,521,000 in 1976 and \$4,379,000 in 1975, is the forerunner of permanent improvement. Unfortunately this cannot be said.

We continue to be subject to a constant flow of varying regulations, unilateral changes in reimbursement rates from third-party payers (Blue Cross, Medicare and Medicaid) and unfathomable changes in reimbursement classifications.

We cannot argue with government's aim of reducing the cost of the nation's health bills, which now consume almost 10 percent of the gross national product. Nor can we object to intelligent application of cost-saving measures. Unfortunately, the massive bureaucracies which control, layer upon layer, the methods and formulae of reimbursement are almost quixotic in the application of their ideas. While it is impossible to calculate the exact total increase in costs incurred by "health-governing" bodies in our country over the past few years, the inflationary effect of this bureaucracy has almost certainly equaled that of the health care delivery system itself.



Teaching, sharing knowledge.

For 1978 this Hospital is facing a budgeting increase of 6 percent, almost all of which is beyond our control. Although the Federal administration has talked of a 9 percent cap on allowed increases in hospital expenditures, we are being offered a third-party reimbursement rate increase of only 2.4 percent. Since we, along with virtually all hospitals, now depend for almost 90 percent of our income on third party reimbursement, this unreasonable rate increase virtually guarantees us future massive deficits. This despite the strenuous effort we have made and the great care we have taken over the past few years to reduce unnecessary costs.

If our country is going down the trail which Great Britain has traveled for the past 30 years, we must expect to have results similar to theirs. In reviewing a recent BBC Film, "A Consultant's Problem," the London reviewer made a cogent comment which we might well ponder:

"This was a salutary film in a week that brought such patriotic

hysteria at the arrival, in New York, of £2 billion worth of Concorde. It is worth a hundred new hospitals, and all it can do is to get emigrating British doctors across the Atlantic in half the time."

I should, therefore, repeat some thoughts I expressed a year ago.

■ Our major teaching hospitals are a national resource. They cannot be treated like average hospitals, private or public, for they are at the apex of our entire health-care system. Destroy these centers and we will see the rapid erosion and eventual disappearance of great medical teaching and research. We will see the end of our ability to give people superb care whatever their condition or ability to pay.

■ Again I make the plea that:

1. Hospitals be reimbursed on a "case" rather than on a per-diem basis. The public will gain, and so will the economy;

2. Differential rates be established for cases requiring complicated and sophisticated treatment; and,

3. Fewer hospitals be authorized to offer complicated and costly procedures that are required by only a relatively few patients.

Just these few basic improvements will go a long way toward strengthening the nation's health care delivery system and holding down costs.

Insurance

As I reported last year, the highly escalated costs of malpractice liability insurance have forced us into our current self-insurance program. We are currently putting into a separate trusteed-account the amounts we would have been charged by the insurance industry, and, as a result, have accumulated, up to December 31, 1977, a total of \$5,500,000. Over the past few months we have set aside \$270,800 per month, which should be compared with the average of \$355,000 per year spent for the same purpose over the 11-year period from 1964 to 1974. Our monthly contribution to

this fund for 1978 is expected to rise to \$288,900.

We continue to study, with several other hospitals, the advantages of a captive insurance company, which could provide broader reinsurance coverage.

To assure our safety further, a great number of stringent administrative protective measures have been instituted, under the direction of Dr. Melville A. Platt, executive associate director of The Society of the New York Hospital. Constant monitoring has now become a "way-of-life."

The Third Century Fund

As was reported last year, our Medical Center is embarked on an ambitious fund-raising drive aimed at providing both the Hospital and Cornell University Medical College with the funds so desperately needed to assure the continuation of the highest grade of medical teaching, research and patient care.

This drive is primarily directed at program support and at providing a reasonable income to prevent possible future financial disaster. It is not aimed at erecting a group of new buildings, although added space is badly needed throughout our Center, and, hopefully, some of these most critical needs can also be financed by this very important fund drive.

A more detailed description of the Fund's hopes and aims is provided elsewhere in this report.

We all express our deep thanks to Mrs. John Elliott, Jr., Mr. Arthur R. Taylor, and Mr. Dale R. Corson, who are acting as co-chairmen of this effort; to Mr. Jansen Noyes, Jr., Mr. Harold Weill and Dr. E. Hugh Luckey, who are vice-chairmen; to Mrs. Vincent de Roulet, chairman of the Center's Development Committee; to Mrs. Alexander T. Daignault, chairman of the Annual Giving and Special Events Committee; and to Ms. Marifé Hernandez, chairman of the Center's Public Affairs Committee. We also owe much to the remaining governors



Hands of the skilled, caring professional.

of the Hospital, to trustees of Cornell, to professional staff members, to the nursing staff, and to many others.

Without the wholehearted effort that many are providing we might well despair of success.

Nursing School

One of the unhappiest duties of the Hospital and Cornell University during the past year was to reach the decision that conditions totally beyond our control make it impossible for the undergraduate baccalaureate nursing program to be continued beyond June 1979.

Every avenue was explored in seeking a solution that might have obviated the decision to end this 100-year-old program.

President Rhodes of Cornell has appointed a committee to study this matter, hoping to find a possible solution and to be able to continue and expand nursing education at the graduate level.

One of the major disappointments in this closing was the decision which would, in 1979, dismantle a program which had attained such high standards of undergraduate education as this one has under the leadership of Dean Eleanor C. Lambertsen.

We hope that the conditions which led to this decision are not a precursor of events to come in private medical education, research and medical care, all of which are devoted to the better care of the American people.

People

As is to be expected in an institution the size of ours, many personnel changes occurred during 1977. I would like to note first those within our Board of Governors.

I regret to say that during 1977, our former governor Edward W. Bourne died after a long life of service. He served our Board with distinction for many years as chairman of the Board's Committee on Psychiatry, and those of us who were his associates recall his complete devotion to this Depart-

ment's many needs. Upon retirement as a governor in December 1968, he was elected an honorary governor and subsequently in 1975 a life governor, in which capacity he continued to serve until his death.

It is also my very sad duty to record the untimely death of George F. Baker, Jr., in early December 1977. He was on the Board of Governors from 1949 until he became a life governor late in 1977, and was a devoted and active member of the governing board and its committees.

At the end of 1977 and in early



Professional skill and pride are not limited to the bedside.

1978 three governors, all of whom have served with great distinction, retired and were elected life governors.

Frederick K. Trask, Jr., deserves special mention. I can say without exaggeration that no governor in our whole 206 years could ever have served so well, given so much of himself and been as thoroughly respected as Fred Trask. He was the driving force in the highly successful "Fund For Medical Progress" in the mid-1960's. As president of the Board of Governors from 1961 to 1965, he provided outstanding leadership, and established many of the principles of coordination that today govern our relations with Cornell University Medical College. During the past few

years he has been a helpful adviser and faithful friend. Happily, he will continue to be close to the Hospital as a life governor, and an emeritus director of the Joint Board of the New York Hospital-Cornell Medical Center.

Mrs. Alexander Cushing has been a particularly interested and active governor since she became a member of the Board in 1959. She also is a former chairman of the Auxiliary.

Benjamin S. Clark, a governor for ten years, has been a member of a number of our essential Board committees. His wise counsel has at all times been a great contribution.

Elected to the Board in October 1977 was George F. Baker III, who will continue his family's long and close relationship with The New York Hospital.

On January 10, 1978, we also welcomed to the Board two new governors, Mrs. Alexander T. Daignault and David W. Wallace.

Mrs. Daignault was President of the Auxiliary in 1976-1977, and did much to redirect and increase the effectiveness and helpfulness of that important unit. We are particularly happy that she has now become a governor.

David W. Wallace is chairman and president of the Bangor Punta Corporation. His leadership of that company over the past few years has created a strong and effective industrial operation. He is also chairman of the board of trustees of The Greenwich Academy and has been an elder at the Brick Presbyterian Church.

To fill the Trask vacancy on the Joint Board of the Medical Center, the Board of Governors appointed Mrs. John Elliott, Jr. Mrs. Elliott, who was president of the board of Barnard College in New York, has been an unusually active and devoted governor, and is now giving much of her time and energy, not only to several committees of the Board, but to co-chairing the huge effort of the Third Century Fund.

As I mentioned in my last report, Dr. E. Hugh Luckey retired as president of the New York Hospital-Cornell Medical Center on September 30, 1977. Dr. Luckey gave 34 years of distinguished service to the Hospital, the Medical College and the Center. He is remaining with the Center as vice-chairman of the Third Century Fund Committee, and is concentrating on this vital undertaking.

In this task he is joined by Mr. Dale R. Corson, who resigned as president of Cornell University on August 1, 1977, and is now its chancellor. Mr. Corson also remains as one of our governors.

Close and cooperative working relations with Cornell University are essential to the successful functioning of the Medical Center. Several appointments made in 1977 bode well for the closeness of that relationship. The appointments of Dr. Theodore Cooper as dean, and of Dr. Thomas H. Meikle, Jr., as deputy dean, of the Medical College have led to a much closer working relationship between our two institutions that has already resulted in moves helpful to all of the Center's units. The appointment of Frank H. T. Rhodes as president of Cornell University, effective August 1, has also had a positive effect on the Medical Center.

To be able to deal with four Cornell leaders as outstanding as Drs. Cooper and Meikle and Messrs. Corson and Rhodes is both a privilege and an assurance of a smooth future relationship.

Within the professional staffs, I want to note the resignation of Dr. Wallace W. McCrory as chief of the Department of Pediatrics.

At the present time search committees are actively at work in the selection process for three clinical department chiefs of service. Currently such appointments will fill the important leadership posts in Obstetrics and Gynecology, Ophthalmology and Pediatrics.

We are delighted to announce the appointment of Dr. Hibbard Williams as physician-in-chief and chairman of the Department of Medicine, effective July 1, 1978. Dr. Williams, a graduate of the Cornell University Medical College, has had a noted clinical career, and most recently has been professor of medicine and physician-in-chief of The San Francisco General Hospital, a unit of the University of California.

We are sorry to have lost the services of Associate Director Richard A. Berman, who has become director of the New York State Office of Health Systems Management. He contributed greatly to the Hospital, particularly in the area of our financially-draining ambulatory services. We wish him well in his new and responsible position.

The Auxiliary continues its activity and contribution to the Hospital, under the fine leadership of Mrs. L. Patton Kline.

Conclusion

In closing this report I would like to say a few words of personal thanks and pride:

To Dr. Thompson and his increasingly excellent Administrative management staff for a very difficult job well done;

To the nearly 5,000 colleagues who work at The New York Hospital and in all of its units and who are devoted to the one aim of providing our patients with the finest and least intrusive care;

To our professional staffs, of which there are none better, and to the chiefs of our clinical departments and interdisciplinary centers for their devotion to the highest standards of medical quality and the good management of their units;

To the Nursing units led by Dr. Lambertsen, whose only aim is better patient care;

To our hundreds of thoughtful contributors without whom we could not

survive, and to the devoted members of the Auxiliary;

To the large number of Volunteer workers, who in 1977 gave more than 56,000 hours of their time to help in numberless important tasks throughout the Hospital;

To our colleagues of Cornell University, President Rhodes, Chancellor Corson, Dean Cooper and Dean Meikle, for their magnificent cooperation and increasingly close relationship with our Hospital; and, finally,

To our governors. Few other institutions with a board of governors as large as ours can boast of governors who show such great and continuing interest, attend such a high proportion of meetings or are willing to bear the increasing load of work and the responsibilities which today devolve upon all of us.

While many discouraging events occur over a year's time and problems seem to multiply, The New York Hospital is in an unusually strong position, given the people who make it run and their complete devotion and professionalism. It is what gives us the ability to say: "Here quality is the top and only goal."

Respectfully submitted,



The Society of the New York Hospital and Cornell University have initiated jointly a fund drive to raise \$270 million over a ten-year period. The first phase of this drive, totaling \$125 million, is to provide necessary support for The New York Hospital and Cornell University Medical College, so that excellence of patient care, teaching and research can be sustained.

The financial problems facing the Hospital and the Medical College are not unique to this Medical Center. Most private, non-profit institutions are facing serious financial difficulties. The present situation results from underfunding of our programs by governmental and private sources. The public has become alarmed at the rate of escalation of costs of health care. Ever tighter controls have been placed on the revenues provided for patient care, teaching and research. Some program support has been withdrawn. For example, clinical fellows were supported for many years by grants from the federal government. Most of these grants have been eliminated. Clinical fellows are essential for the continuing vitality of academic medical centers. These physicians will be the teachers, researchers and practitioners of medicine in the future at this and other medical centers.

Clinical departments and interdisciplinary clinical centers are supported jointly by the Hospital and the Medical College, so that the financial vitality of both institutions is necessary for the support of clinical programs. The joint budget totaling \$21,000,000 includes the contributions of the Hospital and the Medical College for the support of the clinical programs. The Hospital obtains most of these funds from third-party payments for patient care provided by governmental and private hospitalization insurance plans. Medicare, Medicaid and Blue Cross and commercial insurance plans provide the bulk of the income. The Medical College derives its support from governmental and private sources as

well, and neither the Medical College nor the Hospital revenues have been adequate to keep up with the rate of inflation and the additional needs resulting from the ever advancing science and art of medicine.

We are presently seeking heads for three of our existing clinical departments. These new chiefs will need some additional funds at the outset to permit them to recruit individuals who will add new dimensions to the present scope of our clinical and academic activities. These additional dollars must be obtained from private philanthropy because additional funds from governmental and nongovernmental agencies are unavailable. The alternative—lowered standards and the decline of the New York Hospital-Cornell Medical Center to second-class status—is unacceptable to its faculty and staff, its supporters and the community.

The unmet financial needs of the Hospital in providing patient care result from underpayment by third parties and from our continuing care of the medically indigent who do not have third party coverage, particularly as ambulatory patients. Throughout its more than 200 years of service, the

Hospital has cared for patients who pay less than the cost of their care. The underpayment by third parties and by the medically indigent constitutes a large sum which may be called "free care." Now as ever the Hospital depends upon the generosity of its friends to provide the donations necessary to pay for "free care."

Many citizens, including some with great philanthropic interests and experience, believe that hospitals are now paid adequately by governmental or private insurance plans and no longer need the financial support of private donors as they did in the past. This is not true. While it is true that since the mid-1930's an increasing percentage of the population has obtained hospitalization insurance, hospitals still provide free care. For voluntary, non-profit hospitals this free care has become an unbearable financial burden. To illustrate this fact, the costs of providing free care at The New York Hospital at intervals since 1935 are as follows:

1936—\$1,100,000
1945—\$2,100,000
1955—\$2,500,000
1965—\$2,800,000
1975—\$4,400,000



Emergency Room entrance on East 70 St.

Of course, if the third party payment programs had not come along, so that over 90 percent of the population had some form of hospitalization insurance, The New York Hospital would have gone out of business a long time ago. But the problem of providing free care looms today as a threat to our continuing high-quality programs. Our reserve funds have been depleted so we must seek additional funds to replenish our reserves and to provide for continuing needs.

Were we able to raise sufficient funds to offset our deficits resulting from free care, we would still fall short of our needs. We live in a 45-year-old plant, which, though well maintained and modernized in many areas, has serious defects. The space is clearly inadequate in many clinical and administrative departments. Further modernization of some of our obsolete facilities would not be cost-effective. The obvious conclusion is that we should build some additional space, not to increase beds or add new programs, but merely to provide for our existing programs. The capital funds necessary for these facility needs are large and must be raised from private sources.

In projecting our needs for both the Hospital and the Medical College, the priorities are well recognized and agreed upon. First is the need for additional funds to support medical programs. Above all, this means raising money to recruit and support faculty and staff. Endowing chairs and professorships will add annual income to enable the Hospital and the Medical College to remain competitive in recruiting and retaining the best individuals for our faculty and staff. Additional funds are needed to support younger physicians who have completed their house staff and fellowship training and wish to remain in an academic medical center to develop as clinicians, teachers and researchers. These young people are the lifeblood of academic medical centers, and we

must be able to support them during their development.

Second, we need to modernize facilities to provide optimal patient care, teaching and research. Hospital inpatient and outpatient units should be modernized and diagnostic facilities should be updated to continue to make available the ever-increasing number of new—and highly desirable—diagnostic tests.

In modernizing the inpatient facilities of The New York Hospital, we are handicapped by the Hospital's wing structure. The existing 29-bed pavilions cannot be improved to provide adequate space and amenities without considerably reducing the number of beds. To do this would make the operation of the inpatient units uneconomical, because they require an irreducible minimum of staffing irrespective of the size of the patient unit. New construction will be required to provide not only inpatient facilities with sufficiently large nursing units to gain the maximum economies of scale, but also modern housing for our patients.

The facility and financial planning efforts are underway and in 1978 we expect to have the plans developed and considered by the Hospital staff, Board of Governors and the various governmental agencies which must approve these plans.

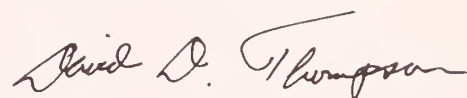
Are these program and facility plans counter to the prevailing view that we must "shrink the system"? I think not. The regionalization of health care requires that the most complex, most expensive patient care be provided in the hospitals with the staff and facilities available to perform at the highest level. The teaching hospitals have developed the personnel and facilities to meet these needs. To provide both the highest quality of care and economies of scale, however, a sufficiently large patient volume is required. The teaching hospitals should continue to enlarge their capabilities, as smaller, less well-staffed institutions discontinue their "tertiary care" functions.

Further, the academic medical centers, made up of outstanding teaching hospitals and medical colleges, are essential if we are to maintain the high standards of health care in this country. For it is only in hospitals which maintain high standards of care that medical, nursing and allied health students can be educated in modern approaches to the delivery of quality care. This proper environment for outstanding patient care depends upon the availability of highly qualified faculty and staff in the hospitals and medical colleges and the proper coordination of patient care, education and research. Only if these elements are maintained will the patients of today and tomorrow receive health care which is as good as there is anywhere in the world.

Private and public bodies working together must find the means to provide the financial resources necessary for the academic medical centers to achieve their goal of excellence in health care and meet the increasing expectations of the health consumer.

At the same time, we must heed the urging of the public to control costs. Vigorous efforts are underway in the Hospital, including joint programs with the Medical College, to avoid duplication of activities and to develop more economical ways to do things without compromising quality. On a larger scale we will continue to work closely with other institutions and agencies to develop regional plans for health care which meet the needs of the citizens and which are within their ability and willingness to pay.

Respectfully submitted,



Progress in Patient Care and Research

By David D. Thompson, M.D.

For the Children

A theme throughout this annual Report is The New York Hospital's dependence on the support of private donors to maintain its traditional quality of care. Nowhere was the vitalizing effect of such support more evident last year than in the Hospital's newborn and child care programs. During 1977, two important child care facilities were extensively and attractively renovated through the financial help of our friends. The modernization of these facilities, following the 1976 opening of the Hospital's new neonatal unit—perhaps the most advanced such unit in the world—makes The New York Hospital a center for infant and child care second to none. Moreover, private funding made available last year will help assure that the Hospital remains so, by providing the money to attract and retain physicians

of national eminence in the fields of child care and reproductive biology.

Underwritten through a gift of \$150,000 from the Hospital's Auxiliary, the modernization of the pediatric pavilion on N-4 not only provides a bright, cheerful setting for the 32 children who may occupy beds there, but anticipates as well the desire of many parents to remain with their children during their hospitalization. Expanded sleeping space and toilet facilities have been provided for the convenience of these parents. The renovation was planned, too, with the efficiency of the professional staff very much in mind: through improved allocation of space, congestion in the area of the nurses' station has been greatly reduced, and roomier storage and staff meeting areas have been provided.

The second major construction in Pediatrics last year provides a new



A patient must trust his doctor . . . but it helps to have a friend along.

home for the division of pediatric cardiology, centralizing on N-1 clinic offices and diagnostic facilities of the division that were formerly spread over several locations in the Hospital. Bright colors and attractive fabric wall hangings enliven the new facility, and combine with children's furniture and accessories to make for surroundings in which children can feel at ease. A new pediatric exercise laboratory has been added to the division, and new equipment has been added to the division's two other laboratories, the pediatric cardiographic laboratory and the pediatric cardiac catheterization laboratory. Funds donated by the Heckscher Foundation for Children and other private contributors largely underwrote the cost of the division's new equipment and facilities.

The construction came, appropriately, on the 25th anniversary of the establishment of a division of pediatric cardiology at The New York Hospital. On November 15, more than 50 former patients of the unit joined many other guests to celebrate the dedication of the new unit on this silver anniversary. To no one could that occasion have been more gratifying than to Dr. Mary Allen Engle, who has been director of the division of pediatric cardiology at the Hospital since 1962. Dr. Engle provides an excellent example of the dedication and leadership that makes this Hospital the superb institution it is. A past member of the President's Panel on Heart Disease, she currently serves on the board of directors of the American Heart Association and on the board of trustees of the American College of Cardiology. Under Dr. Engle's leadership, our pediatric cardiology unit has been designated a regional center for cardiac surgery in children, as part of the national program now underway to develop regional plans for the delivery of health services.

The past year, too, saw an important

landmark in the career of another outstanding woman in the Department of Pediatrics, Dr. Maria I. New. Dr. New, who is director of the pediatric unit of the Hospital's Clinical Research Center and chief of the division of pediatric endocrinology, was named first Harold and Percy Uris Professor of Pediatric Endocrinology and Metabolism at the Medical College. The honor recognizes Dr. New's contributions to the understanding of a number of childhood disorders, among them high blood pressure, ambiguous sex and dwarfism.

Underwritten by a \$1 million grant from the Uris Brothers Foundation, the professorship is the second to be established by the foundation within the past year. Dr. Fritz Fuchs, the Hospital's obstetrician- and gynecologist-in-chief, became first Harold and Percy Uris Professor of Reproductive Biology on July 1, 1977. Dr. Fuchs is



Pediatrics

internationally known for his work in the development of amniocentesis, a now widely used procedure employed to detect genetic defects in unborn children.

Last year, too, saw the dedication of the Hospital's new neonatal intensive care unit—the largest of its kind as well as the most advanced in design in the country—as the Cartmell Pavilion. Constructed through a \$2 million gift from the late Mrs. Frances Cartmell, this new 50-bed unit on N-5 has quickly developed, in the year and a half of its existence, into a major component of infant care in the New York metropolitan area. Admissions to the facility have steadily risen at a time when most newborn services in other metropolitan hospitals have been underutilized. Last year almost 900 infants were cared for on N-5, an increase of about one-sixth over the figure for 1975, the last year before the Cartmell Pavilion opened. The increase testifies to the need for a specialized neonatal unit in the region, as well as to the capacity of this highly automated and computerized life-saving facility to absorb an increased patient load without wavering from the high standard of care it has established.

The neonatal unit is part of the Hospital's Perinatology Center, an interdisciplinary effort of the Department of Obstetrics and Gynecology and the Department of Pediatrics that is devoted to improving the outcome of pregnancy. Since it was officially established in 1975, under the direction of Dr. Peter A. McF. Auld, the Center has indeed become a central resource for the entire New York region. During the past year, the major media have frequently run dramatic stories of critically ill infants transferred to the Center by ambulance—or even by helicopter—from hospitals as far as 100 miles away. Less publicized have been Perinatology's ambitious teaching and outreach programs throughout the metropolitan

area, as well as vigorous programs of research. During 1978, the research effort will include a comprehensive follow-up study of high-risk infants who have been patients at the Center. Detailed neurological examination and psychological assessment will be carried out periodically for two years after birth, and the impact of these high-risk infants on their families will be explored. The study is being made possible by a gift of \$45,000 from the William Randolph Hearst Foundation.

Unquestionably, the existence of the Perinatology Center and the close cooperation between obstetricians and pediatricians that goes on there have played an important part in the excellent record in birth deliveries achieved at the Hospital during 1977. The rate of infant deaths remained at about 1.5 percent, which is about the national average. What makes The New York Hospital rate extraordinary is that the low rate was maintained despite a continuing increase in the number of high-risk obstetric patients transferred here from other hospitals. During 1977 the Hospital treated an average of one severely ill expectant mother a week. In response to our growing regional role for the treatment of high-risk pregnancies, Dr. Auld is coordinating efforts to develop a new facility for high-risk mothers as a counterpart to the Cartmell Pavilion. Meanwhile, the Center's weekly high-risk pregnancy conferences continue to be invaluable opportunities for intensive discussions among obstetricians, pediatricians, clinical pathologists, internists, nurses, social workers, nurse midwives and medical students.

No account of the Hospital's excellent record in child and infant care in 1977 would be complete without one further extraordinary—even astonishing—fact. During last year, when almost 3,000 infants were born at The New York Hospital, only *one* suffered birth injuries—and those cleared up soon after discharge. Even granting



A ribbon is cut at the opening of the renovated pediatric cardiology unit.



that not all birth injuries show up immediately after birth, this record clearly illustrates the high standards of mother and infant care here as well as the benefits that derive from liberal use of Caesarean deliveries. The implications of last year's record hardly need to be dwelled upon, if one recalls what the lifelong consequences of birth injuries can be in terms of physical handicaps and mental retardation.

Burn Center—One Year Old

The Burn Center came into full operation in 1977, and rarely, if ever, has a medical facility risen to such eminence in the short space of a year. Under the leadership of surgeon-in-chief Dr. G. Thomas Shires and Dr. P. William Curreri, the Center quickly established itself as one of the leading such facilities in the United States. Its expansion from 24 to 40 beds has been approved in principle by the State of New York. This expansion will make The New York Hospital Burn Center the nation's largest.

During its first year more than 200 patients were cared for at the Burn Center, with the average length of stay about one month. About 80 percent of the patients were from New York City, and most of the rest from the surrounding area, although patients came from as far away as the Virgin Islands. The care patients receive is extensive and extraordinary. It requires the combined expertise of specially trained physicians, nurses, therapists, dietitians, social workers and psychologists to restore seriously burned patients to a decent life and functioning role in society. As a result, the staff of this 24-bed facility must number almost 100 to provide the 40 to 50 man-hours of professional care required each day by the average patient. Obviously, the costs of operating such a facility are considerable, and current reimbursement rates cover only about half of them. Generous gifts by the Mobil Oil Founda-



*Above: a resident helps at feeding time
Below: intensive care.*



tion and the Helena Rubinstein Foundation have helped relieve the cost to the Hospital in some measure, but the financial deficit remains large.

If the support for the Center by governmental and private insurers has been less than unstinting, the response to the Center throughout the metropolitan area has been enthusiastic. Particularly gratifying has been the support the Center has received from area firemen. During 1977 the New York Firefighters Burn Center Foundation conducted an extensive fund raising campaign in firehouses throughout the city to raise money for the establishment of a skin bank at the Hospital. Made possible by recent advances in the preservation of human skin and scheduled for completion in March 1978, the bank will provide split thickness skin grafts for patients who are burned so extensively that they cannot furnish skin for self-grafting. Although the grafts are rejected in several weeks, they provide temporary help in preventing infection, maintaining body temperature and retaining fluids, and are, at any rate, far superior to the primary alternative of pig skin. The skin bank will be particularly important to children, whose small body areas limit the opportunities for self-grafting.

The first priority at the Burn Center during its first year was to provide an excellent clinical facility. Once that was accomplished the Center proceeded to develop full programs of training and research, both of obvious importance in a field that has advanced as rapidly as burn care.

One current project at the Center is to develop new methods of removing burned skin (possibly with a laser) in order to induce rapid healing. Studies are also going forward on smoke inhalation, the leading cause of death in fires. The metabolic and nutritional problems of burn patients are another current concern. Because burn patients use up calories at an extremely high rate, it was common-

place not long ago for patients to grow progressively weaker, contract pneumonia and die. Techniques have been developed by Dr. Curreri and others to fill the patient's nutritional needs by a combination of high-energy fluids given intravenously and liquified food pumped into the stomach 24 hours a day. Now Dr. Curreri is leading an attack on the problem at a more basic level, attempting to find the precise reason why the body cells of burn victims use up so many calories. Exactly what mechanism in the body causes them to do this? If the mechanism could be found and some way discovered to switch it off, the problem of filling the nutritional needs of seriously burned patients might be greatly simplified.

Research on Aging

Why do physical illness and mental decline so often accompany aging? The increasing attention being paid nationally to the problems of aging was reflected in the initiation during 1977 of several important research programs on the aging process, one centered in the Department of Medicine and the other in the Department of Neurology.

Dr. Marc E. Weksler of the Department of Medicine is serving as co-director of an ambitious \$1.4 million study of the effects of aging on the body's immune system. The research is supported by a four-year grant from the National Institute on Aging, the newest of the National Institutes of Health. Heading the project along with Dr. Weksler is Dr. Robert A. Good, president and director of Sloan Kettering Institute for Cancer Research and attending pediatrician at The New York Hospital.

The research is based on the hypothesis that many of the health problems that normally accompany aging result from dysfunctions of the immune system, the body's first line of defense against foreign organisms, such as bacteria or viruses, or against

*Above: at the Burn Center
Below: N.Y. Firefighters raise money for the skin bank.*

abnormal cells. Breakdowns in the system that come with advancing age may be responsible for the increased incidence of cancer among older people. Or the immune system may misfire and attack healthy organs, a process that seems to be at the root of some kinds of heart disease.

A major part of the work being done at the Hospital involves studying the effects of a hormone produced by the thymic gland, an organ of the immune system that becomes non-functioning after childhood. Immune cells derived from the blood of elderly people are known to lack the "vigor" of cells derived from younger persons. In the Hospital study, immune cells from healthy volunteers over 65 are being tested in the laboratory with the hormone (thymopoietin) to see whether it restores them to more vigorous activity. Researchers know that thymopoietin rejuvenates the im-

mune function of mice. If results of the current trial with human cells are positive, treatment with synthetic hormones may in the future turn out to be a way of preventing many of the afflictions of aging.

One of the effects of aging that is still poorly understood is the loss of memory and other mental faculties that often accompanies advancing years. Supported by a \$150,000 grant from the Minneapolis-based McKnight Foundation, the Department of Neurology has established a Center for the Study of Abnormalities of Memory and Cognition in Man that will address precisely such problems. As part of the Department's growing emphasis on age-related problems, a new division of neuropsychology has been established as an integral part of the teaching, research and patient care programs of the Hospital and Medical College. Heading the new

division is Dr. Michael Gazzaniga, former professor of psychology at the State University of New York at Stony Brook and a world authority on brain mechanisms.

Kidney Transplantation— Problems and Progress

The transplantation of a kidney from a young man to a Brooklyn construction worker made international headlines when it was performed last February at The New York Hospital's Rogosin Kidney Center. What made this operation different from the more than 675 other transplants that have been done at the Center was that the donor was from the Soviet Union: the operation was the first instance of an organ transplant between citizens of the Soviet Union and United States.

The transplantation stemmed from several earlier trips made to the Soviet Union by the Center's director, Dr. Albert L. Rubin. In visits to the Institute of Organ and Tissue Transplantation in Moscow, Dr. Rubin discussed with the Institute's director, Dr. Valery I. Shumakov, the possibility of exchanging organs between the two countries. When last February there proved to be no one in Moscow of the right tissue type to receive one kidney of a young man killed in an automobile accident, the organ was packed in a container filled with refrigerated preserving solution and flown via Aeroflot to Kennedy International Airport. Within 48 hours after the accident in Moscow, the kidney was transplanted into a patient at The New York Hospital.

In addition to furnishing a remarkable example of international cooperation, the episode focused attention on the pressing need for donor kidneys, not only at The New York Hospital but regionally and nationally. During 1977, the Hospital shouldered a substantial responsibility for meeting that need, through the establishment of a kidney preservation service. Under the direction of Dr. William

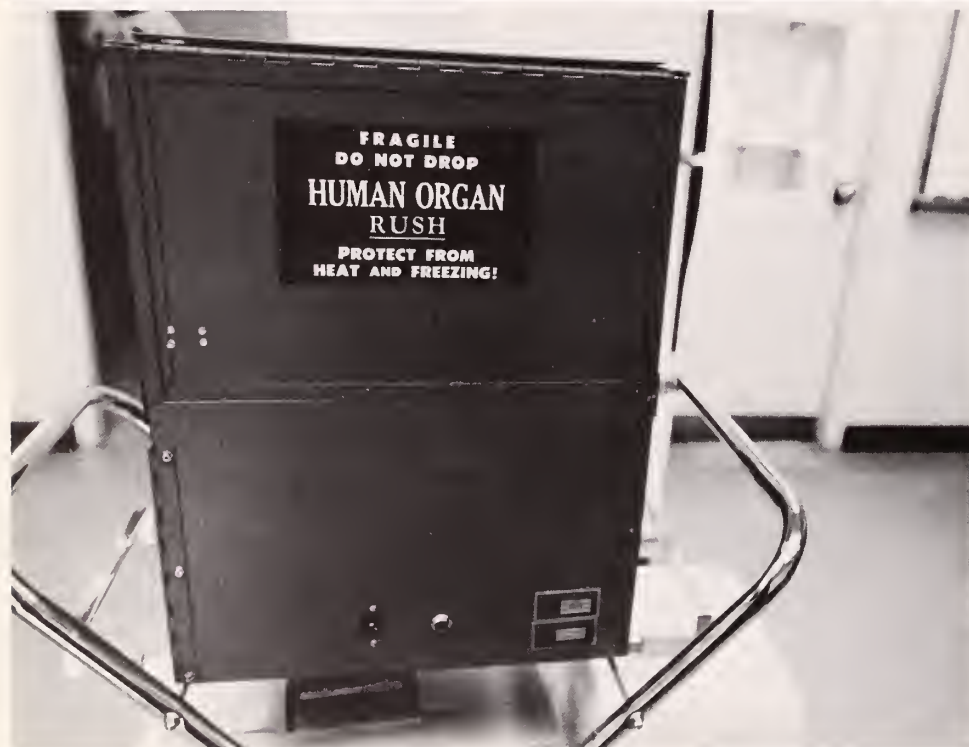


Rehabilitation.



T. Stubenbord, surgical director of the Rogosin Kidney Center, the service shares with similar units at two other hospitals the responsibility for retrieving and preserving kidneys to meet the needs of hospitals throughout the metropolitan area. It has the capability of keeping kidneys viable for up to 72 hours, as well as of shipping them in battery-powered refrigerated units to other area hospitals or, if there is no suitable recipient locally, to another part of the country.

One reason for the chronic kidney shortage is that a substantial number of operations fail because the recipient rejects the transplanted organ. A major innovation at the Rogosin Center in 1977 was the establishment of a kidney immunobiochemistry lab that promises to go a long way toward averting such failures. Financed through a gift of the Sylvan League Jrs., the new laboratory brings together the latest equipment and tech-



A human kidney arrives at the Hospital and is taken to the operating room for transplant.

niques for monitoring the processes in the body that lead to rejections.

Several new tests are used at the lab. One gives early warning of rejection, enabling doctors to take prompt action to avert it. Another test, developed at the Rogosin Center by Dr. Abraham Novogrodsky, enables doctors to measure the effect of medication on the patient's immune system with a precision that could not be approached before. Because the body's natural tendency is to reject a transplanted organ, various drugs have to be administered to recipients to suppress the body mechanisms that bring about rejection. But immunosuppression, as this therapy is called, requires walking the finest of lines: if the system is suppressed too little, the patient will reject the transplant; if it is suppressed too much, the patient can easily fall prey to serious infections. The new test, administered daily, gives an exact picture of how much medication a patient requires to achieve a correct balance between too much suppression and too little.

Advances Against Heart Disease and High Blood Pressure

Heart disease, the nation's number one killer, and the high blood pressure that often causes it are the objects of vigorous programs in treatment, prevention and research at The New York Hospital: not only are the most advanced methods in prevention and treatment being used, but an intensive effort is being made to find new ones.

The Department of Pathology, under Dr. John T. Ellis, is devoting the bulk of its considerable research program to disorders of the heart and circulatory system. One study may, before too long, greatly improve the ability of physicians to treat heart attack patients. Supported by a new three-year grant from the National Heart, Lung and Blood Institute, Dr. Daniel R. Alonso of the Department of Pathology and Dr. Jerome G.

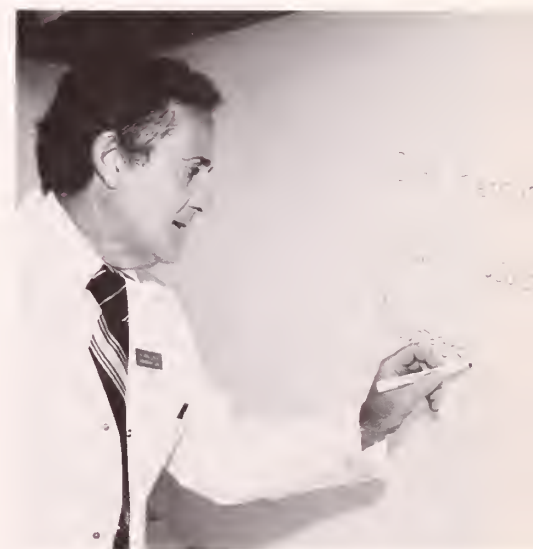
Jacobstein of the Department of Radiology are studying the use of a radioactive drug to measure the amount of heart muscle that dies as a result of a heart attack. The drug is attracted to the dead muscle tissue, and the radioactivity that is picked up by a special camera can give a good picture of the dead muscle area five or six hours after an attack. By current methods it takes 24 hours for physicians to get a comparable picture. Since heart muscle can continue to die for up to 18 hours after an attack, this new procedure promises to be of enormous value in monitoring treatments used to prevent the death of heart muscle during the critical first day after an attack.

With much remaining to be learned about the causes of heart disease and heart attacks, a considerable effort is being mounted by the Department in basic research. Dr. C. Richard Minick is collaborating with a group of Cornell University scientists in a study that may bear on the possible role of a common group of human viruses known as herpesvirus in causing heart attacks. Working with animals, Dr. Minick has shown that a herpesvirus causes blockages of major arteries similar to the blockages that often lead to heart attacks in humans. In another important study, Dr. George E. Murphy has been collaborating with the Armed Forces Institute of Pathology in a longterm study of inflammation in coronary arteries. Separate studies by Dr. Jack Woodruff and Dr. Charles A. Santos-Buch are concentrating on damage done to the heart by the immune system. Finally, the hazards of smoking for the heart have emerged from recent work of Dr. Carl G. Becker, who has shown how a specific substance in tobacco and cigarette smoke increases the blood's clotting tendency and therefore the likelihood of heart attacks.

A leading cause of heart attacks—if not the single most important cause—is high blood pressure. Perhaps

the most advanced program in the country in the diagnosis and treatment of high blood pressure is being carried out at the Hospital's Cardiovascular Center, headed by Dr. John H. Laragh. A pioneer himself in elucidating some of the basic mechanisms of high blood pressure, Dr. Laragh directs a program in which research is quickly and efficiently translated into improved methods of diagnosis and treatment. In each of the past two years the number of patients being treated for high blood pressure at the Center has increased by 20 percent, in itself strong testimony to the excellence of the program.

While the research at the Cardiovascular Center focuses principally on the role of the kidneys and hormonal system in high blood pressure, a second ambitious research program in the Department of Neurology is taking another approach. The division of neurobiology, headed by Dr. Donald



Cardiovascular Center: teaching tomorrow's specialists.

J. Reis, last year received a three million dollar grant to extend its studies of how the brain influences high blood pressure. Although it is well known that stress can cause transient increases in blood pressure, the question of whether it can cause chronic high blood pressure—as popular belief would have it—has remained to be scientifically established. Dr. Reis's laboratory has found strong evidence, through working with animals, that stress does cause chronic high blood pressure, and is presently involved in developing effective methods of treatment.

One of the major problems associated with high blood pressure as a public health problem is that the majority of patients fail to follow the therapies required to keep their pressure under control. This compliance problem is being met head-on in a highly innovative field program under the auspices of the Department of

Public Health with back-up support from the Cardiovascular Center. Under the direction of Dr. Michael H. Alderman, this union-supported program goes directly to places people work not only to test them for high blood pressure, but to treat them for it.

A key advantage of the program is the support workers derive from their co-workers in keeping up with their regimen. In five years some 2,000 workers have been treated for high blood pressure during regular lunch and rest breaks at Gimbels, Bloomingdales and other worksites in the New York metropolitan area. Most are *still* being treated, for 75 percent have remained in the program and brought their blood pressure under control. Even more impressive, the rate of success has been almost as high for workers who had been treated for blood pressure previously and *failed* to keep to the required regimen. In

addition, the program has proved to be highly economical, since the bulk of treatment is done by nurses after being initiated by physicians.

The success of this landmark program has argued for its expansion. Recently the Blue Cross Association agreed. Largely on the basis of the success of Dr. Alderman's program, Blue Cross is inaugurating pilot programs in two of its plans for worksite detection and treatment of high blood pressure.

Progress in Many Places

An international study on the outcome of medical coma that originated at the Medical Center completed its first phase in December 1977. The study has received wide attention because of the strong evidence it provides that accurately assembled data banks can lead to greatly improved treatment of coma patients and more accurate prognosis of their conditions.

Originating in discussions between neurologist-in-chief Dr. Fred Plum and two Glasgow neurosurgeons, Dr. Bryan Jennet and Dr. Graham Teasdale, the project stemmed from the recognition that physicians had no firm basis for judging what difference their treatments made in the outcome of comas. To provide a standard for judgment, a data bank has been assembled based on the observation and treatment of some 1,000 patients in The New York Hospital and hospitals in Los Angeles, San Francisco, Glasgow, Newcastle-on-Tyne in England, and Amsterdam. Because of the promising nature of this work, the Josiah Macy, Jr. Foundation has generously provided funds for its continuation and extension, particularly for the purpose of assisting critical decisions in the care of patients with stroke. In addition, the National Institutes of Health have initiated a new national research program on methods to improve the diagnosis and treatment of patients in coma, in which



A smile rewards helping hands.

the Hospital hopes to play a significant role.

The Department of Psychiatry, which has experienced a burst of growth during the past several years, added several new distinguished names to its staff during 1977. Dr. Sheldon Gaylin, formerly director of psychiatry at Grasslands Hospital and one time director of community mental health services for Westchester County, was appointed director for community services at the Westchester Division; Dr. Stefan Stein, former director of training in the department of psychiatry of the Albert Einstein College of Medicine, was appointed director of training of the Westchester Division; and Dr. Margaret Hertzig was appointed director of child outpatient services at the Payne Whitney Clinic. Dr. Hertzig, well known for work relating to the neuropsychological development and behavior of high-risk infants, will be working with the Perinatology Center in its long term follow-up study of infants who have been patients there.

Two important changes were made in the administration of the Payne Whitney Clinic during 1977. Dr. Richard Kohl, who has served ably as medical director of the Clinic, was succeeded by Dr. William A. Frosch, effective January 1978. Dr. Kohl will be assuming new responsibilities in the Department. Mrs. Eddie Mae Barnes, director of the psychiatric nursing service at the Clinic, announced her resignation to accept a faculty position in the School of Nursing.

Psychiatrist-in-chief Dr. Robert Michels reports that the training programs of the Department continue to grow both in scope and impact. About one-fourth of all American medical school graduates seeking psychiatric residencies apply for training in the Department, and continuing education programs are well subscribed and attended. In fact, because of increasing attendance, the Department's

grand rounds was moved last year from the Payne Whitney Clinic to Uris Auditorium, where close to 200 psychiatrists, psychologists and other professionals regularly attend.

The Department of Rehabilitation Medicine considerably expanded its services in 1977, according to Physician-in-Chief Dr. Willibald Nagler. More than 57,400 treatments, about 12.5 percent more than in 1976, were provided by the Department's 40 occupational therapists and physical therapists. The service has played an important role in the work of the Burn Center, where five therapists are now assigned, and has also been involved in follow-up evaluations of some 200 infants from the Perinatology Center. The Department has also inaugurated a program at the Rogosin Kidney Center to help patients overcome the neuromuscular deficits that frequently accompany kidney disease.

A rising level of service was re-

ported, too, by the Department of Radiology, despite a continuing shortage of space that could become critical as requests for radiographic examinations increase. Last year was the first full year of service for the Department's electronic body scanner, a machine that combines an x-ray beam with a computer to get a picture of an entire cross section of the body. The body scanner is proving particularly useful for diagnoses in the liver, kidney and pancreas and in general for diagnoses of abdominal cancer. Where they prove superior, new procedures such as body scanning and ultrasonography are supplanting traditional x-rays, and, in some cases, they are eliminating the need for invasive diagnostic procedures—for example, the use of a catheter to pump dye into the abdominal area so that organs will show up clearly in a picture. During 1977 the wealth of experience of the members of the De-



Psychiatric grand rounds in Uris Hall.

partment with head and body scanners and ultrasonography was incorporated into no fewer than 16 publications.

Members of the professional staff were the recipients of highly prestigious awards and honors during 1977.

Dr. Jeremiah Barondess, chief of the private medical service, was elected president of the American College of Physicians, beginning in April 1978.

Mr. Herbert Carlin, apothecary-in-chief, was awarded the Harvey A. K. Whitney Lecture Award, the highest award given in the field of hospital pharmacy.

Dr. Fritz Fuchs, obstetrician- and gynecologist-in-chief and a Danish citizen, was made a Knight of Dannebrog by Queen Margrethe of Denmark. (Dannebrog is the name of the Danish flag.) The honor, formally conveyed to Dr. Fuchs by the Danish ambassador to the United States, is in recognition of Dr. Fuchs' accomplishments in medical science and his work in furthering scientific exchange and cooperation between the United States and Denmark.

Dr. Thomas King, attending physician in the pulmonary division, Department of Medicine, was elected president of the New York State Thoracic Society.

Dr. Alton Mcister, biochemist-in-chief, was elected president of the American Society of Biological Chemists.

Congratulations to these men.

Unfortunately, space does not permit me to cite here many others whose contributions to medicine received the recognition of their colleagues in 1977. Nor could I begin to enumerate those whose devotion to patient care evoked what is perhaps the highest approbation someone in our field can receive—the warmth and gratitude of a patient, as expressed in many letters that crossed my desk last year.



Treating the aging, with dignity and grace.



Financial Report

The Society incurred an operating loss of \$1,951,171 for the year ended December 31, 1977 an improvement of \$570,422 from the operating loss of \$2,521,593 for 1976. Expenditures increased from \$127,901,759 in 1976 to \$142,197,999 in 1977, an increase of 11.2%. The operating expenses of our Burn Center, in its first full year of operation in 1977, accounted for 2.5% of the increase. Operating revenues increased 11.9% from \$125,380,166 in 1976 to \$140,246,828 in 1977.

Guide to Financial Statements

Included in the following pages are the financial statements for The Society of the New York Hospital as of and for the years ended December 31, 1977 and 1976. The Balance Sheets (Exhibit I), reflect the assets, liabilities and fund balances (equity) at December 31, 1977 and 1976. The activity affecting the fund balances of the unrestricted funds and the restricted funds are detailed on the Statements of Revenues and Expenses and Changes in Unrestricted Fund Balance (Exhibit III), and Statements of Changes in Restricted Fund Balances (Exhibit IV) respectively. The Statements of Operating Revenues and Expenses (Exhibit II), reflect the broad categories of our source of revenue and expenditure of operating resources. The Statements of Changes in Financial Position (Exhibit V), provide a detailed analysis of all activity affecting our cash position. Note 1 explains the basis of presentation and explains various accounting policies utilized in the financial statements. The other notes should be read in conjunction with these statements as they provide significant information regarding patient care receivables and revenue, self-insurance liability, property, plant and equipment, etc.

Balance Sheets

December 31, 1977 and 1976

	1977	1976
ASSETS		
Current Assets:		
Cash	\$ 1,768,768	\$ 1,194,406
Accounts receivable —		
Patient care, less estimated uncollectible accounts of		
\$11,417,000 in 1977 and \$9,990,000 in 1976 (Note 2)	22,834,171	22,037,695
Other	1,442,020	1,006,038
	24,276,191	23,043,733
Inventories (at FIFO cost) and other assets	3,515,958	3,551,975
Temporary investments in marketable securities, at cost		
(market — \$5,194,627 in 1977 and \$2,804,000 in 1976)		
(Note 7)	5,396,423	2,727,111
Total current assets	34,957,340	30,517,225
Pledges Receivable	1,445,477	1,802,247
Funds Held in Trust for Estimated Self-Insurance Liability		
(Note 3)	5,513,886	—
Investments:		
Marketable securities, at cost (market — \$39,064,984 in		
1977 and \$43,716,000 in 1976) (Note 7)	41,004,790	42,519,998
Real estate, at cost (including land at appraised value of		
\$574,530), less accumulated depreciation of \$331,218 in		
1977 and \$300,998 in 1976 (Notes 4 and 5)	1,164,381	1,194,601
	42,169,171	43,714,599
Deferred Prior Service Pension Costs	516,786	890,786
Property, Plant and Equipment (Notes 4 and 5)	125,940,173	121,354,348
Less — Accumulated depreciation	45,411,390	41,834,456
	80,528,783	79,519,892
Total assets	\$165,131,443	\$156,444,749

LIABILITIES AND FUND BALANCES**Current Liabilities:**

Current installments of long-term debt

Accounts payable

Accrued expenses

Total current liabilities

Deferred Contributions

Estimated Self-Insurance Liability (Note 3)

Long-Term Debt, less current portion shown above:

Due to New York Hospital Employees' Retirement Trust

(5½ %-8% mortgage notes, maturing at various dates to 1993)

Due to banks and insurance companies (5%-5½ % mortgage notes, maturing at various dates to 1991)

4% unsecured note, due monthly to 1988

Obligation under capital lease

Total long-term debt

Total liabilities

Fund Balances:

Unrestricted funds —

General

Plant

Board designated for investment and endocrinology research

Restricted funds —

Plant replacement and expansion

Specific purposes (Note 6)

Endowments (Note 6)

Total fund balances

Total liabilities and fund balances

	1977	1976
	\$ 852,609	\$ 795,074
	7,722,924	6,959,605
	4,889,467	2,865,643
	<u>13,465,000</u>	<u>10,620,322</u>
	1,445,477	1,802,247
	<u>5,513,886</u>	<u>2,012,498</u>
	4,100,582	4,334,435
	3,739,670	4,177,617
	590,384	638,438
	159,995	293,551
	<u>8,590,631</u>	<u>9,444,041</u>
	<u>29,014,994</u>	<u>23,879,108</u>
	23,181,179	21,803,052
	71,705,360	70,159,400
	1,006,810	990,182
	<u>95,893,349</u>	<u>92,952,634</u>
	963,232	817,485
	20,983,492	20,088,258
	18,276,376	18,707,264
	<u>40,223,100</u>	<u>39,613,007</u>
	<u>136,116,449</u>	<u>132,565,641</u>
	<u>\$165,131,443</u>	<u>\$156,444,749</u>

The accompanying notes to financial statements are an integral part of these balance sheets.

Statements of Operating Revenues and Expenses

For the Years Ended December 31, 1977 and 1976

	<u>1977</u>	<u>1976</u>
Operating Revenues (Exhibit III) :		
Care of patients	\$186,499,464	\$163,840,825
Less —		
Contractual allowances	47,546,938	38,399,436
Provisions for uncollectible accounts	<u>5,539,282</u>	<u>5,097,670</u>
Net revenue from patient care (Note 2)	133,413,244	120,343,719
Other, net (including \$2,414,921 in 1977 and \$894,946 in 1976 transferred from specific purposes funds) (Note 5)	<u>6,833,584</u>	<u>5,036,447</u>
Total operating revenues	<u>140,246,828</u>	<u>125,380,166</u>
Operating Expenses (Exhibit III) :		
Nursing services	41,840,727	37,852,100
Other professional services	54,691,251	46,518,231
Household and property services	15,430,439	14,948,101
Nutrition services	7,515,199	7,363,347
General, fiscal and administrative services	19,175,551	17,819,251
Provision for depreciation (Note 5)	<u>3,544,832</u>	<u>3,400,729</u>
Total operating expenses	<u>142,197,999</u>	<u>127,901,759</u>
Loss from Operations	<u>(\$ 1,951,171)</u>	<u>(\$ 2,521,593)</u>

The accompanying notes to financial statements are an integral part of these statements.

**Statements of Revenues and Expenses
and Changes in Unrestricted Fund Balance**

For the Years Ended December 31, 1977 and 1976

	1977					1976 Total
	General Operating	Nonoperating	Plant	Board Designated	Total	
Operating Revenues (Exhibit II):						
Net revenue from patient care (Note 2)	\$133,413,244	\$ —	\$ —	\$ —	\$133,413,244	\$120,343,719
Revenue from other services (Note 5)	4,418,663	—	—	—	4,418,663	4,141,501
Transfers from specific purposes funds for support of related activities	2,414,921	—	—	—	2,414,921	894,946
Total operating revenues	140,246,828	—	—	—	140,246,828	125,380,166
Operating Expenses (Exhibit II):						
Compensation and related benefits	94,530,602	—	—	—	94,530,602	85,651,093
Medical supplies and other expenses	44,122,565	—	—	—	44,122,565	38,849,937
Provision for depreciation (Note 5)	3,544,832	—	—	—	3,544,832	3,400,729
Total operating expenses	142,197,999	—	—	—	142,197,999	127,901,759
Loss from Operations (Exhibit II)	(1,951,171)	—	—	—	(1,951,171)	(2,521,593)
Nonoperating Revenues:						
Interest and dividends	—	2,022,079	—	—	2,022,079	1,427,594
Contributions and bequests — Third century fund	—	415,605	—	—	415,605	2,854,919
Other	—	2,052,060	—	—	2,052,060	1,903,920
Net gain (loss) on sale of investments	—	(448,798)	—	—	(448,798)	1,534,429
Distributions from United Hospital Fund, The Greater New York Fund and Center Fund (Note 8)	—	653,848	—	—	653,848	402,444
Total nonoperating revenues	—	4,694,794	—	—	4,694,794	8,123,306
Revenues in Excess of (Less Than) Expenses	(1,951,171)	4,694,794	—	—	2,743,623	5,601,713
Fund Balance, beginning of year	21,803,052	—	70,159,400	990,182	92,952,634	85,761,601
Transfers from (to) Restricted Funds:						
Portion of fixed asset additions funded by restricted funds	—	—	3,741,924	—	3,741,924	4,990,049
Segregation of assets for plant replacement and expansion required by third party reimbursers	(3,544,832)	—	—	—	(3,544,832)	(3,400,729)
Intrafund Transfers:						
Portion of fixed asset additions funded by unrestricted funds	(1,468,387)	—	1,468,387	—	—	—
Support of general operations	8,811,937	(4,678,166)	(4,133,771)	—	—	—
Mortgage payments and other	(469,420)	(16,628)	469,420	16,628	—	—
Fund Balance, end of year	\$ 23,181,179	\$ —	\$71,705,360	\$1,006,810	\$ 95,893,349	\$ 92,952,634

The accompanying notes to financial statements are an integral part of these statements.

Statements of Changes in Financial Position

For the Years Ended December 31, 1977 and 1976

	1977	1976
Source of Funds:		
From operations —		
Loss from operations	(\$ 1,951,171)	(\$ 2,521,593)
Expenses not requiring outlay of cash in the current period —		
Depreciation	4,201,051	4,030,288
Amortization of deferred prior service pension costs	374,000	374,000
	<u>2,623,880</u>	<u>1,882,695</u>
Nonoperating revenues	4,694,794	8,123,306
Restricted gifts and bequests (net of amounts expended)	450,865	861,886
Income on investments of restricted funds —		
Interest and dividends	1,075,966	1,120,703
Net gain (loss) on sale of securities	(719,646)	2,425,832
	<u>14,125,859</u>	<u>14,414,422</u>
Total funds provided from operations, contributions and investments		
Net increase in estimated self-insurance liability	3,501,388	1,867,337
Obligation under capital lease	—	554,090
Increase in accounts payable and accrued expenses	2,740,083	476,825
Decrease in receivable from Cornell University Medical Center	—	674,028
	<u>14,367,330</u>	<u>17,986,702</u>
Total funds provided		
Application of Funds:		
Net additions to property, plant and equipment	5,210,311	7,036,720
Funds set aside for estimated self-insurance liability	3,501,388	1,867,337
Net purchases of investments	3,136,382	5,444,040
Net increase in accounts receivable	1,232,458	1,383,906
Increase (decrease) in inventories and other assets	(36,017)	654,127
Principal payments on long-term debt	650,335	614,538
Payments on capital lease	145,540	114,999
Other, net	(47,429)	50,000
	<u>13,792,968</u>	<u>17,165,667</u>
Total funds applied		
Resultant increase in cash	574,362	821,035
Cash Balance, beginning of year	1,194,406	373,371
	<u>1,194,406</u>	<u>373,371</u>
Cash Balance, end of year	<u>\$ 1,768,768</u>	<u>\$ 1,194,406</u>

The accompanying notes to financial statements are an integral part of these statements.

Statements of Changes in Restricted Fund Balances

For the Years Ended December 31, 1977 and 1976

	<u>Plant Replacement and Expansion</u>	<u>Specific Purposes</u>	<u>Endowments</u>	<u>Total</u>
Balances, December 31, 1975	\$1,948,987	\$17,911,310	\$16,933,609	\$36,793,906
Restricted gifts and bequests —				
Third century fund	—	66,640	21,055	87,695
Other	70,161	1,598,976	—	1,669,137
Income on investments of restricted funds, required to be used for specific purposes —				
Interest and dividends	32,370	1,088,333	—	1,120,703
Net gain on sale of securities	68,475	604,757	1,752,600	2,425,832
Transfers from (to) unrestricted funds —				
Portion of fixed asset additions funded by restricted funds	(4,703,237)	(286,812)	—	(4,990,049)
Segregation of assets for plant replacement and expansion required by third party reimbursers	3,400,729	—	—	3,400,729
Support of related activities	<u>—</u>	<u>(894,946)</u>	<u>—</u>	<u>(894,946)</u>
Balances, December 31, 1976	817,485	20,088,258	18,707,264	39,613,007
Restricted gifts and bequests —				
Third century fund	17,000	401,625	35,011	453,636
Other	260,439	2,120,691	31,020	2,412,150
Income on investments of restricted funds, required to be used for specific purposes —				
Interest and dividends	49,702	1,026,264	—	1,075,966
Net loss on sale of securities	(26,883)	(195,844)	(496,919)	(719,646)
Transfers from (to) unrestricted funds —				
Portion of fixed asset additions funded by restricted funds	(3,699,343)	(42,581)	—	(3,741,924)
Segregation of assets for plant and replacement and expansion required by third party reimbursers	3,544,832	—	—	3,544,832
Support of related activities	<u>—</u>	<u>(2,414,921)</u>	<u>—</u>	<u>(2,414,921)</u>
Balances, December 31, 1977	<u>\$ 963,232</u>	<u>\$20,983,492</u>	<u>\$18,276,376</u>	<u>\$40,223,100</u>

The accompanying notes to financial statements are an integral part of these statements.

Notes to Financial Statements

December 31, 1977 and 1976

1. Summary of accounting policies:

The Society's more significant accounting policies are as follows:

Fund accounting —

Separate accounts are maintained in the Society's financial records to assure compliance with restrictions imposed by contributors on the use of donated funds. The assets of such funds are substantially all invested in marketable securities.

Contributions and bequests —

The Society is the beneficiary of bequests under various wills, the realizable amounts of which are not presently determinable. The Society's share of such bequests is recorded in the accounts when the distributable amounts become known.

Investments —

Investments are carried at cost; interest, dividends and realized gains or losses are credited to unrestricted funds unless otherwise restricted by the contributors; restricted investment income is reported directly in the Statements of Changes in Restricted Fund Balances.

Depreciation —

Depreciation of property, plant and equipment is provided on the straight-line method using estimated useful lives

of 20-50 years for buildings and 10-25 years for building fixtures and equipment.

The Society is required under certain reimbursement formulae to segregate in a replacement reserve, current assets in an amount equal to depreciation costs applicable to fixed assets used in providing service to patients.

Retirement plan —

The Society has a noncontributory retirement plan which covers all employees. The total pension expense was \$2,844,335 in 1977 and \$2,863,223 in 1976, including amortization of prior service costs over a 30-year period.

Aggregate unfunded prior service costs as of December 31, 1976, the date of the latest actuarial review, amounted to approximately \$10,450,000. The Society's policy is to fund pension cost accrued. The market value of the pension fund assets exceeded the actuarially computed value of vested benefits as of December 31, 1976.

As of July 1, 1976, the Retirement Plan Trust purchased from Prudential Insurance Co. of America a group annuity contract for approximately \$7,400,000 to cover the pension obligations of those plan participants retired as of December 31, 1975.

2. Patient care receivables and revenue:

A substantial portion of net patient care revenue is derived from funds provided on behalf of patients under Federal, state and local medical assistance programs and Blue Cross insurance plans as shown below:

	1977	1976
Medicare	34%	34%
Blue Cross	31	30
Medicaid	13	12
Total third-party payors	78	76
Self-pay and other	22	24
Total	100%	100%

Generally, revenue from these sources is related to cost reimbursement principles and is subject to audit by the applicable agencies. In the opinion of management, such principles have been properly applied in the determination of such patient care revenues.

The Society has filed administrative appeals for its 1976 and 1977 Medicaid and 1976 Blue Cross reimbursement rates. An increase in such reimbursement rates is being sought. Such appeals are in various stages of review by third-party agencies and in the opinion of management the ultimate outcome of these appeals is not presently determinable.

Patient care accounts receivable is net of advances from a third-party payor of \$3,045,000 and \$2,528,000 in 1977 and 1976, respectively.

3. Estimated self-insurance liability:

As a result of significantly increased premiums and general lack of availability of excess professional liability insurance coverage, the Society became totally self-insured during 1976, although certain catastrophe level coverage was carried from November, 1975 to November, 1976. During 1977, management has continued to evaluate its self-insurance program and has decided to fund such liability reflecting a deductible per claim of \$15,000 and an assumed investment return of 7%. Accordingly, a provision of \$3,145,506 and \$1,867,337 has been made in the accompanying financial statements for the present value of the estimated liability applicable to 1977 and 1976 operations, respectively. These provisions were determined by management based upon a review of the Society's experience and known claims; consultation with legal counsel as to reserve estimates and consultation with independent insurance actuaries.

In conformance with reimbursement regulations promulgated during 1977, the Society established an independent trust to fund the estimated self-insurance liability. Accordingly, during the year marketable securities were transferred to the trustee and at December 31, 1977, the fund aggregated \$5,513,886, at cost with a market value of \$5,475,860. In 1976, marketable securities of \$2,012,498

identified for the self-insurance liability are included in Investments in the accompanying financial statements. In addition, certain 1976 amounts have been reclassified in the accompanying financial statements for comparability purposes. The amount funded is reimbursable by third-party payors and actual losses, if any, in excess of the amount provided will be included in reimbursable costs through adjusted provisions in future years. In addition, deductible amounts not funded will be reimbursed in the year paid.

4. Property, plant and equipment:

Property, plant and equipment consisted of the following at December 31, 1977 and 1976:

	Gross Amount		Accumulated Depreciation	
	1977	1976	1977	1976
	(thousands of dollars)			
Land, at assessed values at December 31, 1943, plus subsequent additions at cost or fair market value at date of gift	\$ 6,702	\$ 6,702	\$ —	\$ —
Buildings, at cost	50,658	49,695	18,565	17,496
Building renovation work in progress	362	3,821	—	—
Building fixtures, equipment, etc., at cost	64,086	57,004	26,846	24,338
Medical school buildings, at nominal value	—	—	—	—
Other real estate, at cost	4,132	4,132	—	—
	<u>\$125,940</u>	<u>\$121,354</u>	<u>\$45,411</u>	<u>\$41,834</u>

Land and buildings with a cost of \$22,200,000, and investment real estate with a cost of \$523,000 have been pledged as security for mortgage notes payable.

5. Provision for depreciation:

Depreciation provisions in the amount of \$656,219 in 1977 and \$629,559 in 1976, applicable to staff housing facilities have been charged to related rental income included in other operating revenues in the accompanying Exhibits II and III. The 1976 provision for depreciation includes approximately \$181,000, resulting from the early retirement of the nurses' residence.

6. Restricted funds:

The original principal at date of receipt of endowment funds was approximately \$10,800,000 and \$10,700,000 at December 31, 1977 and 1976, respectively.

In addition, specific purposes funds were restricted by the contributors for the following:

	1977	1976
Psychiatric care	\$10,711,678	\$11,317,342
Urological care	3,655,476	4,397,019
Other purposes	6,616,338	4,373,897
	<u>\$20,983,492</u>	<u>\$20,088,258</u>

7. Marketable securities:

The gross unrealized gains and gross unrealized losses pertaining to marketable securities in the portfolios at December 31, 1977 and 1976, were as follows:

	Unrealized		
	Gains	Losses	Net Gains (Losses)
1977:			
Current	\$ 160,161	\$ 361,957	(\$ 201,796)
Noncurrent	1,569,759	3,547,591	(1,977,832)
	<u>\$1,729,920</u>	<u>\$3,909,548</u>	<u>(\$2,179,628)</u>
1976:			
Current	\$ 202,985	\$ 126,096	\$ 76,889
Noneurrent	3,162,031	1,966,029	1,196,002
	<u>\$3,365,016</u>	<u>\$2,092,125</u>	<u>\$1,272,891</u>

8. Distribution from affiliated foundation:

The Society, together with the Cornell University Medical College, is a co-beneficiary of The New York Hospital-Cornell Medical Center Fund, Inc. ("The Center Fund"). The Center Fund's fund balances as reflected in its unaudited financial statements at December 31, 1977, consisted of approx-

imately \$14,475,000 of permanent endowment funds and \$1,515,000 of current funds. Distributions received from the Center Fund amounted to \$505,669 in 1977 and \$252,930 in 1976, and \$18,283 in 1977 and \$337,265 in 1976 in Third Century gifts and bequests.

9. Air rights for future plant expansion:

The Society through an agreement with the City of New York has the right to certain air space over the East River Drive adjacent to the Hospital property. Under the terms of the agreement, plant expansion by the Society must commence prior to 1994, or the air rights will revert back to the City. In view of its contingent nature, recognition in the financial statements of the value of this right has been deferred until such time as construction commences.

10. Tax status:

The Society is exempt from Federal income taxes under Section 501(c)(3) of the U.S. Internal Revenue Code and has been classified as an organization which is not a private foundation under Section 509(a). Qualifying contributions to the Society are fully deductible on the donor's income tax return up to 50% of adjusted gross income.

**To the Board of Governors of
The Society of the New York Hospital:**

We have examined the balance sheets of The Society of the New York Hospital (a charitable corporation created by Royal Charter granted by King George III in 1771 and located in New York) as of December 31, 1977 and 1976, and the related statements of operating revenues and expenses, revenues and expenses and changes in unrestricted fund balance, changes in restricted fund balances, and changes in financial position for the years then ended. Our examinations were made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying financial statements present fairly the financial position of The Society of the New York Hospital as of December 31, 1977 and 1976, and the results of its operations and changes in its financial position for the years then ended, in conformity with generally accepted accounting principles consistently applied during the periods.

Arthur Andersen & Co.
March 24, 1978.

Despite a complexity of restrictions—state and federal regulations on construction, inadequate reimbursement added to the problem of inflation, and major internal changes—the Center's Third Century Program has forged steadily ahead.

Today, the Third Century Committee, with the three of us as co-chairmen; and with Dr. E. Hugh Luckey, Jansen Noyes, Jr., and Harold Weill as vice-chairmen, stands ready for a major thrust toward the \$270-million objective. Members of this Committee are already soliciting prospects whose individual gift capabilities range from \$100,000 to \$10,000,000.

The Case Statement, the internal document which outlines the plans for the Third Century Program, was rewritten to reflect the new plans, and was approved by the Board of Governors of The Society of the New York Hospital and the Board of Trustees of Cornell University. The major brochure also has been approved and is ready for the presses.

Nucleus gifts and pledges by the governors of the Hospital and by Cornell trustees who have an interest in the medical college, are almost all in hand. Identification and research of additional prospects is underway.

Phase I

The Third Century Program is being conducted in two phases. Phase I, expected to be completed by 1981, has an objective of \$126,500,000. It identifies \$50,000,000 for faculty and student support; \$33,000,000 for program support; and \$43,500,000 for construction.

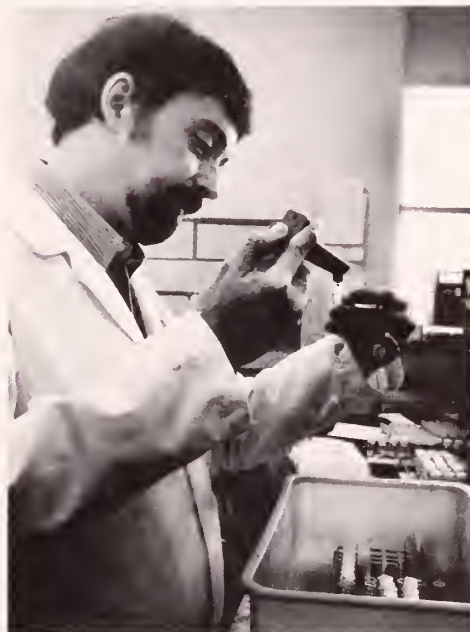
In the various categories are:

Faculty and Student Support

Seven endowed chairmanships for department heads in departments that do not now have such chairs—Anesthesiology, Microbiology, Pathology, Pediatrics, Pharmacology, Physiology, and Radiology—\$8,750,000.

Eighteen endowed senior professorships

in Anatomy, Behavioral Sciences, Biochemistry, Otorhinolaryngology, Medicine (2), Medicine/Public Health, Microbiology, Neurology, Pathology, Pediatrics (2), Pharmacology, Physiology (2), Psychiatry (2) and Public Health—\$18,000,000.
Junior faculty endowment, \$10,000,000.
Fellowship program, \$7,500,000.
Student and instructional support, \$5,750,000.



Research, for future healing.

Program and Unrestricted Support

This includes the high risk centers and the following programs: Adolescent medicine, alcohol and drug abuse, behavioral sciences, cardiovascular neurology, pathology and physiology, child psychiatry, continuing medical education, geriatrics, international medicine/public health, medical history/ethics, membrane physiology, mental development in the later years, neurosurgery, nutrition, Parkinsonism, pediatric immunology, infectious disease and nephrology, primary care, psychopharmacology, psychosomatic medicine and reproductive biology.

Construction for College and Hospital

Student Education Center, \$10,000,000
Radiology Department, \$7,200,000
Surgical Suite Reconstruction, \$4,000,000
"S" Building Laboratories, \$2,000,000
Outpatient Areas, \$1,700,000
Psychiatric Facilities, \$1,500,000

Blood Bank Expansion, \$500,000
Rogovin Kidney Center Facilities, \$500,000
Obstetrical Areas, \$500,000
Coronary Care, \$400,000
Neurological Inpatient Area, \$200,000
Additional Diagnostic and Treatment Facilities, \$15,000,000

Phase II

Phase II, which will begin as soon as Phase I is completed and will overlap with it in some areas as donors express their preferences, identifies hospital and college support, a new college auditorium, a science and library building, and new hospital patient pavilions. Preliminary plans indicate a probable total of \$135,000,000 to \$145,000,000 for Phase II based on space needs and construction costs.

All estimates are in 1977 dollars.

The Office of Development, formerly in the Annex, in widely scattered offices, was relocated in the Spring of 1977, and is consolidated in its own suite at 1301 York Avenue, where related functions are now all together, and equipment files are easily available, effecting a cost saving in staff time.

The Third Century Program is an ambitious undertaking. There will be a place for all of you who are interested in the welfare of the hospital and the Center. In the near future, we hope to talk with many of you and to describe the opportunities for participation that exist within this program. With your help, we are confident of success.

Respectfully submitted,

Dale R. Gerson

Eleanor T. Elliott

Arthur D. Taylor

Highlights of the Year's Statistics

Services to Patients

	1977	1976
Laboratory Examinations		
Microbiology	235,051	231,063
Basal Metabolism	632	860
Blood Bank	140,587	132,363
Clinical Chemistry	1,122,453	946,223
Clinical Hematology	626,975	598,030
Cytology	37,307	39,184
Radioisotopes Services	22,617	21,149
Surgical Pathology	32,818	31,688
Miscellaneous	24,575	26,015°
X-Ray Examinations	139,932	151,910
Operations	18,062	17,971
Deliveries	2,865	2,903
Electrocardiograms	52,177	51,780
Electroencephalograms	3,722	3,841
Social Services Interviews	193,134	183,005°
Physical Therapy Treatments	53,540	42,140
Transfusions	22,849	21,045
Pharmacy Prescriptions	283,513	293,380°
Record Room—New Case Records	47,338	49,550
Occupational Therapy Treatments	34,871	30,115°
Recreational Therapy—Pediatrics	75,392	65,585

(°) Revised Figures

Training Program

	1977	1976
House Staff	306	246
Nursing Students Affiliated:		
Undergraduate Students	205	217
X-Ray Technician Students	37	42
Dental Hygienist Students	—	4
Dietetic Interns	21	22
Physical Therapist Students	26	23
Medical Social Work Students	3	6
Total	598	560
Payne Whitney Psychiatric Clinic—House Staff	44	43
Westchester Division—House Staff	44	40
Affiliated Undergraduates	43	56
Total	729	699





Good care is person-to-person.

Patient Care

	1977	1976
Patients Admitted		
Main Hospital	31,619	31,203
Newborn	2,865	2,903
Payne Whitney Psychiatric Clinic	1,064	1,006
The New York Hospital—Westchester Division	1,068	1,044
	<u>36,616</u>	<u>36,156</u>
Patient Days, All Divisions Including Newborn	439,330	440,315
Average Daily Occupancy (%)	83.8	85.8
Average Length of Stay (days):		
Main Hospital	9.4	9.7
Payne Whitney Psychiatric Clinic	32.3	37.1
The New York Hospital—Westchester Division	85.4	86.1
All Divisions	11.8	12.0
Day Hospital—Treatments:		
Payne Whitney Psychiatric Clinic	3,090	3,090
Westchester Division	5,275	4,671
Visits to Out-Patient Clinics	247,443	235,798
Visits to Emergency Pavilion	43,898	45,617

Distribution of Beds

Distribution of Beds	Number of Beds—1977	
Private		
Main Hospital	124	
Obstetrics and Gynecology	29	
Pediatrics	5	
Total Private		158
Semi-Private		
Medical/Surgical	491	
Two-Bed (Baker Pavilion)	76	
Urology	61	
Obstetrics and Gynecology	96	
Pediatrics	105	829
Bassinets		44
Total Semi-Private		873
Payne Whitney Clinic		108
Total New York City		1,139
The New York Hospital—Westchester Division		322
Grand Total		1,461

Report of the President of the Auxiliary

The Auxiliary of The Society of the New York Hospital had its beginning in 1912. Three women, wives of governors of the Board, organized a woman's auxiliary to provide social services for the poor, particularly for families ravaged by tuberculosis. Fifteen years earlier, in 1897, the ladies of the Lying-In Hospital of New York had formed an auxiliary to assist nursing women in their homes during confinement following childbirth. Just as the Lying-In Hospital eventually became part of The New York Hospital, so in 1977 did the Auxiliary of the Lying-In Hospital become part of the Auxiliary of The New York Hospital.

This new and warm association has been most beneficial for all concerned. The Lying-In Committee retains autonomy in its work for the Lying-In Hospital and in the disbursement of funds that it raises for the Hospital. Mrs. Robert Kinzel, president of the Lying-In Committee, has graciously accepted membership on the Executive Board of the Auxiliary in addition to her many other duties. She reports a successful year for the Babies Alumni program, which raises money by sending birthday cards each year to "alumni" and "alumnae" of the Lying-In Hospital. This excellent program pays, among other things, for the layettes that the Lying-In Committee prepares for distribution by the Social Service Department. The Committee has announced, too, the intention of purchasing eight electric beds for the Lying-In Hospital.

Membership in the Auxiliary is open to any person wishing to support its objectives. Today, as in 1912, those objectives remain synonymous with the word *auxiliary*—helping, giving aid or support to The Society of the New York Hospital and persons in its care. These purposes are achieved by educating members about the health field in general and The New York Hospital in particular; through fund-

raising projects to help meet the needs of the Hospital; and through patient care programs.

A source of great satisfaction for the Auxiliary was the renovation last year of the pediatric wing on N-4, the cost of which the Auxiliary is underwriting in full. Our members are particularly pleased that the renovation facilitates overnight stays of parents who want to be near their children during their hospitalization.



Auxilians cheer patients with original signed prints for their hospital room walls.

A long and happy commitment to the Hospital and to its patients, visitors, professional staff and employees is expressed in the operation of the Auxiliary gift shop, conveniently located off the main lobby. Through the combined efforts and financial support of the Auxiliary and the Hospital, the gift shop was completely renovated in 1977. Special thanks should go to Mrs. B. H. Melton, who has made a tremendous contribution of time and energy in coordinating the efforts of volunteers and staff in the operation of the new gift shop.

Anyone who walks through The New York Hospital becomes aware that the corridors and many patient rooms are brightened by pictures, paintings and prints. The Auxiliary

has for many years not only purchased works of art for the Hospital, but served as curator and caretaker as well. The task is enormous and never-ending. Much credit must go to those dedicated volunteers, under the dynamic leadership of Mrs. David D. Thompson, who carried this effort forward during the past year.

Many years ago, the Auxiliary initiated a bedside crafts program to help long-term patients pass the long, lonely hours of their hospitalization productively. The diversional crafts program having decisively proved its worth, the Hospital agreed last year to absorb permanently its cost.

On Second Avenue near 69th St., The New York Hospital is represented along with several other charities in the Generosity Thrift Shop. Mrs. Walde-mar Berg, chairman of the Thrift Shop Committee, was the driving force behind a highly profitable year in 1977.

Profits from the gift shop and thrift shop make possible the support of programs such as the Hospital Escort Service of Yorkville. Funded jointly by the Lenox Hill Hospital Auxiliary and The New York Hospital Auxiliary, this program helps elderly persons get to and from appointments in doctors' offices and hospital clinics. Auxiliary members also assist foreign-educated doctors and nurses in gaining English fluency, through one-to-one tutoring, and devote many hours to the annual drive of the United Hospital Fund.

The Auxiliary is grateful to the Board of Governors for their valued support and interest, to the Volunteer Department for its generous cooperation and to the Administration for support and guidance.

Respectfully submitted,

Mrs. L. Patricia Kline

When The New York Hospital moved to its present site in 1932, volunteers immediately went to work in this new setting. One of them is still at it. The award that Mrs. Margaret Schall received in April 1977 represented 45 years of uninterrupted volunteer service. Last year this indomitable lady contributed 466 hours translating articles from foreign medical journals and assisting in the Generosity Thrift Shop.

She is not alone: in 1977 five additional women received awards for over 20 years of volunteer service. These dedicated workers are Mrs. Evelyn Borenstein, Mrs. Selma Breitenbach, Miss Marilyn Graves, Mrs. Grace Hopp and Mrs. Rose Lessler.

All told, 639 volunteers contributed 56,814 hours of service last year in 67 different areas of the Hospital. A total of 127 of these men and women earned volunteer awards. Many were new volunteers and received awards for 150 hours of work. Some received awards for service running up to 10 years—and still other diligent volunteers, long past the 10- and 15-year mark, are waiting in the wings to accept their 20-year awards.

The patient's comfort and well-being are the moving factors behind The New York Hospital volunteer's commitment. As more people come to understand and feel that commitment, that direct personal kind of giving, the number of volunteers increases. Our 322 new volunteers last year represented a more than 25% increase over the number for 1975.

We have endeavored to broaden the scope of our services, and this year volunteers are working in such sensitive areas as the Burn Center and Rehabilitation Medicine.

College students spent five full days a week at the Payne Whitney Clinic social work department last summer. Other students worked a five-day week in the laboratories, often exceeding the standard eight hour day. High

school students substantially expanded the Hospital's Escort Service.

Senior citizens patients were helped by volunteers, under the supervision of Ms. Alice Ullman of the social work department. The volunteers interviewed elderly clinic patients about problems other than medical ones. Cases of inability to perform basic housekeeping tasks or do food shopping and instances of just plain grinding loneliness were uncovered and referred to persons and agencies equipped to deal with such problems.

A number of NYH retirees have come back to the hospital as volunteers, working as diligently as when they worked for pay.

On October 18 Helen Blaise, New York Hospital volunteer, and James T. Apsbury, Jr., Lenox Hill Hospital volunteer, accepted the Mayor's Group Citation Award at the Volunteer Services Awards Ceremony held at Gracie Mansion. The award was presented to the Hospital Escort Service of Yorkville for joint efforts in "assisting the elderly to reach hospital clinics and make effective use of community resources." Mrs. Blaise, a new

volunteer, contributed 545 hours of volunteer service in 1977, more hours than were contributed by any other member of HESY.

One hundred and eleven volunteers assisted Ms. Treece de Santis, director of annual giving, The New York Hospital-Cornell Medical Center, in a week-long Phonothon. The volunteers did telephone soliciting and clerical work for three sessions each day, October 3rd through October 7th.

This year the New York Board of Rabbis arranged Rosh Hashanah and Yom Kippur Eve Services for Jewish patients, their families and the staff. Volunteers from the Catholic Chaplaincy, nursing students and regular volunteers transported the patients to and from the services.

Religious services are conducted every Sunday by the Catholic and Protestant Chaplaincies. Volunteers transport patients to and from the well-attended services.

Two booksales in 1977 enabled the patients' library to purchase additional new books, particularly large-print and foreign language editions. Volunteers, with our librarian, Mrs. Roberta Smolen, ran the sale.

Volunteers made Christmas more pleasurable on four pediatric floors by preparing decorations and trimming trees. In turn, the Volunteer Department celebrated the holidays by a reception "Honoring the Volunteer" which was also attended by staff members with whom volunteers work.

Respectfully submitted,

Louis W. Fleckner



Volunteer in the Burn Center.

Donors

Many thousands of people give annually to The New York Hospital. They give in different ways, in different amounts. Six hundred thirty-nine members of the Volunteers in 1977 gave more than 56,000 hours of their time to helping the patients and staff. For a fuller account of their activities see page 37 of this annual report. The members of the Auxiliary likewise gave deeply of their valuable time. In addition, many Volunteers and Auxiliary members gave generously of their financial resources. For a summary of Auxiliary activities see page 36.

The following section presents the names of some of the thousands of persons and organizations who gave money to the Hospital or Medical Center in 1977. Because of space limitations, we are able to list only those who contributed \$500 or more, as well as those whose contributions have gotten the projected 10-year Third Century Program off to a strong start.

We thank all our generous donors from the heart. Their generosity not only materially helps the Hospital and Medical Center perform their vital services to the community, but it also strengthens the motivation and resolve of our dedicated staff.

Everyone who gives to the Hospital receives an individual acknowledgment and expression of gratitude for his or her gift. It is fitting that we repeat and again honor all these wonderful people for their commitment and indispensable, generous support.

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Medicine
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Theodore Cooper, M.D.
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Medicine
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Surgery
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Medicine
David E. Rogers, M.D.
Medicine
Sidney Rothbard, M.D.
Medicine

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Medicine
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Surgery
Marjorie A. Wheatley, M.D.
Pediatrics
Judah Zizmor, M.D.
Radiology

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Surgery
Norman L. Higinbotham
Orthopedics
D. Rees Jensen, M.D.
Surgery
Willis A. Murphy, M.D.
Medicine
Bernard Rogoff, M.D.
Medicine

Anesthesiology

Anesthesiologist-in-Chief
Joseph F. Artusio, M.D.

Attending Anesthesiologists

Raymond Barile, M.D.
Irving Berlin, M.D.
Herbert Erlanger, M.D.
John L. Fox, M.D.
Paul Goldiner, M.D.
William Howland, M.D.
Seamus Lynch, M.D.
Benjamin Marbury, M.D.
John McCormick, M.D.
Paul Nonkin, M.D.
Cyril Sanger, M.D.
Jerold Schwartz, M.D.
Olga Schweizer, M.D.
Harold Shifrin, M.D.
Daniel Tausig, M.D.
Marjorie Topkins, M.D.
Alan Van Poznak, M.D.

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Dragan Borovac, M.D.
Gabriel Curtis, M.D.
Anita Goulet, M.D.
Sabri Gunasti, M.D.
Aileen Kass, M.D.
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Luis da Graca Miranda, M.D.
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Roscoe A. Rossi, M.D.
Edwina Sia-Kho, M.D.
David Susman, M.D.
Liebert Turner, M.D.
Judith Weingram, M.D.

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Dennis Jascott, M.D.
Irene Lin, M.D.
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Erlina Lobrin-Farcon, M.D.
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Laurence D. Silver, M.D.
Michael Tjeuw, M.D.
Dragan Vuckovic, M.D.
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Fun-Sun Yao, M.D.

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Graziano Carlo Carlon, M.D.
Jose D. Castillo, M.D.
Andrew Cheng, M.D.
Kai Nui Chow, M.D.
Dae Syk Chung, M.D.
Bernard Gelbard, M.D.
Hyun Hwang, M.D.
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Abdul Qadir Memon, M.D.
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Imelda Pineda, M.D.
Jayant Solanki, M.D.

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Abhijit Desai, M.D.
Subhash Jain, M.D.
Chang Hun Kim, M.D.
Young Soo Kim, M.D.
Beatrice A. Spinelli, M.D.
Farida Towayer, M.D.

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Medicine

Physician-in-Chief

Alexander G. Bearn, M.D.
(to June 30, 1977)

Acting Physician-in-Chief

Charles L. Christian, M.D.
(from July 1, 1977)

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 Robert R. Abel, M.D.
 William A. Anderson, M.D.
 Donald Armstrong, M.D.
 Ronald A. Asherson, M.D.
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 Donald G. McKaba, M.D.
 Robert B. Millman, M.D.
 Cynthia J. Modny, M.D.
 Elizabeth C. Muss, M.D.
 Robert H. Palmer, M.D.
 Arthur D. Philson, M.D.
 Johanna Pindyck, M.D.
 Albert A. Pollack, M.D.
 Michael I. Rehmar, M.D.
 Sanford M. Reiss, M.D.
 Arleen Rifkind, M.D.
 Nathaniel S. Ritter, M.D.
 John S. Rodman, M.D.
 Rabin M. Sarda, M.D.
 Michael Schmerin, M.D.
 Ernest Schwartz, M.D.
 Frank A. Seixas, M.D.
 Benson H. Shalette, M.D.
 Harry A. Sinclair, M.D.
 Robert W. Speir, M.D.
 Herbert J. Spoor, M.D.
 Richard Stern, M.D.
 Leonard Vinnick, M.D.
 Michael Weber, M.D.
 Robert J. Winchester, M.D.
 Stanley S. Yormak, M.D.
 David Zackson, M.D.

PROFESSIONAL ASSOCIATE STAFF

Professional Associate (Podiatry)

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 Gene K. Potter, D.P.M.

GRADUATE STAFF

Physician

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Clinical Fellows

Jay Richard Blum, M.D.
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 Mark Brower, M.D.
 W. Ted Brown, M.D.
 Lawrence H. Byrd, M.D.

Dominick Chiarieri, M.D.
 Albert M. DeFabritus, M.D.
 Jeffrey Dobken, M.D.
 Jan I. Drayer, M.D.
 George Ellis, M.D.
 Louis Ercolani, M.D.
 Roy H. Eriksen, M.D.
 Mark A. Fialk, M.D.
 Kenyon B. Field, M.D.
 Ronald A. Fischman, M.D.
 Brian M. Frier, M.D.
 Allan Gibofsky, M.D.
 Robert Inman, M.D.
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 Lois G. Jovanovic, M.D.
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 Stephen Marks, M.D.
 Robert Mascitelli, M.D.
 Henry Masur, M.D.
 J. Steven McDougal, M.D.
 Jesus Montoliu, M.D.
 Alberto Morganti, M.D.
 Immanuela R. Moss, M.D.
 Jerry Nagler, M.D.
 Reto Olgiati, M.D.
 Savita G. Pahwa, M.D.
 Mary Kathryn Pierri, M.D.
 Jeffrey M. Pines, M.D.
 Martin H. Poleski, M.D.
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 Meyer Solny, M.D.
 James R. Sterrett, M.D.
 Erasmo C. Sturla, M.D.
 M. Suthanthiran, M.D.
 Mary Beth Walsh, M.D.
 Peter Welch, M.D.
 Eric D. Weston, M.D.
 Maxim Wilson, M.D.
 Samuel Wilson, M.D.
 David J. Wolf, M.D.
 Michael Zema, M.D.

Assistant Physicians

Francis P. Arena, M.D.
 W. Stanley Arnold, M.D.
 M. Flint Beal, M.D.
 Morris H. Berg, M.D.
 Jonathan D. Berman, M.D.
 David S. Blumenthal, M.D.
 Allan M. Burke, M.D.

William D. Carlson, M.D.
 Michael A. Chizner, M.D.
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 Richard P. Cohen, M.D.
 Frank R. Crantz, M.D.
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 Geoffrey Gratwick, M.D.
 Julius Gutman, M.D.
 Daniel F. Hanley, M.D.
 Dan A. Henry, M.D.
 Dickerman Hollister, Jr., M.D.
 Lawrence A. Inra, M.D.
 Rasheed U. Jafar, M.D.
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 Lit-King Leung, M.D.
 Sidney L. Levinson, M.D.
 Steven K. Magid, M.D.
 Michael J. Makowsky, M.D.
 Dennis A. Mazal, M.D.
 Richard S. Meltzer, M.D.
 Carlyle H. Miller, M.D.
 David H. Miller, M.D.
 Jonathan W. Miller, M.D.
 Paul F. Miskovitz, M.D.
 Timothy F. Murphy, M.D.
 John T. Nagurny, M.D.
 Nancy M. Nealon, M.D.
 Mark S. Pascal, M.D.
 Martin Perlin, M.D.
 Malcolm C. Phillips, M.D.
 Anthony Posteraro, M.D.
 Jonathan I. Ravdin, M.D.
 Neil D. Ravin, M.D.
 Richard J. Robbins, M.D.
 Eve Ann Roberts, M.D.
 Lynda E. Rosenfeld, M.D.
 Robert L. Rothbard, M.D.
 Stephen L. Saletan, M.D.
 Michael Schleider, M.D.
 James W. Schmidley, M.D.
 Eric S. Schned, M.D.
 Eugene Schreiner, M.D.
 Richard S. Schulof, M.D.
 Harvey A. Snyder, M.D.
 Rosemary Soave, M.D.
 Dorothy Sogn, M.D.
 H. David Teitelbaum, M.D.
 David D. Thompson, Jr., M.D.
 Eric S. Treiber, M.D.

Theodore I. Tyberg, M.D.
 Burton A. Waisbren, M.D.
 Jeffrey S. Wasser, M.D.
 Gary R. Weine, M.D.
 Allen S. Weiss, M.D.
 Hendricks H. Whitmen, III, M.D.
 Michele L. Winter, M.D.

Assistant Physicians (Dermatology)

Georgette Aprile, M.D.
 Edward H. Benjamin, M.D.
 Andrew Bronin, M.D.
 Joseph A. Di Pietro, M.D.
 Kenneth L. Edelson, M.D.
 Jane Grant, M.D.
 Esther Ho-Kung, M.D.
 Patricia Myskowski, M.D.
 Richard Poon, M.D.
 Regina Pozner, M.D.
 John F. Romano, M.D.
 Robert Rosado, M.D.
 Carole Shear, M.D.
 Ida Tiongo, M.D.

Interns

Steven L. Allen, M.D.
 Jan Arnett, M.D.
 Elizabeth K. Ascher, M.D.
 Robert W. Baker, M.D.
 George Bolen, M.D.
 Wayne A. Bottner, M.D.
 Robert D. Brandstetter, M.D.
 Susan B. Bressman, M.D.
 Carin E. Dugowson, M.D.
 James J. Durrett, M.D.
 Stuart P. Feldman, M.D.
 Harry D. Harper, M.D.
 Merle D. Hillman, M.D.
 Douglas A. Jabs, M.D.
 Mark G. Kris, M.D.
 Jeffrey J. Kutscher, M.D.
 Molly H. Levin, M.D.
 Margaret Lewin, M.D.
 Theodore C. Li, M.D.
 Bruce L. Maltz, M.D.
 Sidney H. Mandelbaum, M.D.
 Charles Natanson, M.D.
 Deena J. Nelson, M.D.
 Gary B. Niditch, M.D.
 Steven R. Osa, M.D.
 James W. Ostroff, M.D.
 Andrew J. Packer, M.D.
 Paul L. Phillips, M.D.
 James C. Reynolds, M.D.
 Joseph T. Ruggiero, M.D.

Martin A. Schiff, M.D.
Simeon A. Schwartz, M.D.
Cynthia L. Sears, M.D.
Wendy M. Shaw, M.D.
Carol L. Storey-Johnson, M.D.
Mark F. Warner, M.D.
Dorothy A. White, M.D.
Sylvia C. Wyman, M.D.

Neurology

Neurologist-in-Chief

Fred Plum, M.D.

Attending Neurologists

Fletcher H. McDowell, M.D.
Jerome B. Posner, M.D.
Donald J. Reis, M.D.
William R. Shapiro, M.D.

Associate Attending Neurologists

H. Richard Beresford, M.D.
Gary Birnbaum, M.D.
Ira B. Black, M.D.
Thomas C. Guthrie, M.D.
Gerald H. Klingon, M.D.
Henn Kutt, M.D.
Paul S. Papavasiliou, M.D.
Hart deC. Peterson, M.D.
Gail E. Solomon, M.D.
Peter Tsairis, M.D.
Philip H. Zweifach, M.D.

Assistant Attending Neurologists

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Raymond H. Coll, M.D.
Kathleen M. Foley, M.D.
Robert W. Hamill, M.D.
Mark S. Horwich, M.D.
David E. Levy, M.D.
Madelyn Olson, M.D.
Frank Petito, M.D.
Richard W. Price, M.D.
William Pulsinelli, M.D.
David A. Rottenberg, M.D.
John A. Schaefer, M.D.
William T. Talman, Jr., M.D.
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Neurologists

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Robert W. Gilbert, M.D.
Barrie J. Hurwitz, M.D.
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R. John Leigh, M.D.
Walter H. Reichert, M.D.
George F. Wooten, Jr., M.D.

Assistant Neurologists

Joshua Adler, M.D.
J. Gregory Cairncross, M.D.
John H. Dougherty, Jr., M.D.
Donald G. Rawlinson, M.D.
Robert Ruff, M.D.
Jerome T. Scally, M.D.
Jack A. Schiff, M.D.
Bruce Sigsbee, M.D.
Robert L. Van Uitert, M.D.
Bruce T. Volpe, M.D.
Ronald G. Wiley, M.D.

Obstetrics and Gynecology

Obstetrician and Gynecologist-in-Chief

Fritz Fuchs, M.D.

Attending Obstetricians and Gynecologists

Hugh R. K. Barber, M.D.
Stanley J. Birnbaum, M.D.
Myron Buchman, M.D.
E. William Davis, Jr., M.D.
William P. Given, M.D.
Edward A. Graber, M.D.
Arthur V. Greeley, M.D.
Graham G. Hawks, M.D.
Elmer E. Kramer, M.D.
Robert Landesman, M.D.
John L. Lewis, Jr., M.D.
Joseph Nathanson, M.D.
Richard A. Ruskin, M.D.
Samuel F. Ryan, M.D.
George Schaefer, M.D.
William J. Sweeney, III, M.D.

Associate Attending Obstetricians and Gynecologists

John M. Astrachan, M.D.
Alfred Brockunier, Jr., M.D.
John T. Cole, M.D.

Jerome G. Davis, M.D.
Walter L. Freedman, M.D.
Walter B. Jones, M.D.
Frederick W. Martens, M.D.
Bernard N. Nathanson, M.D.
Virginia K. Pierce, M.D.
Melville A. Platt, M.D.
Frederick Silverman, M.D.
E. Thomas Steadman, M.D.
Louise B. Tyrer, M.D.
Robert E. Wieche, M.D.

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Lars L. Cederqvist, M.D.
Patricia Conrad, M.D.
M. Yusoff Dawood, M.D.
Richard J. Derman, M.D.
Vincent DuVigneaud, Jr., M.D.
James H. Freely, M.D.
Wilma Gladstone, M.D.
Enayat Hakim-Elahi, M.D.
Robert E. Hardy, M.D.
Andre Heltai, M.D.
David F. James, M.D.
Robert E. Kaye, M.D.
Woo Shin Kim, M.D.
Niels Lauersen, M.D.
Louis J. Lissak, M.D.
Robert N. Melnick, M.D.
Edward K. C. Mok, M.D.
Gideon G. Panter, M.D.
Joseph I. Paris, M.D.
Desider J. Rothe, M.D.
Zoltan I. Saary, M.D.
Samuel Soichet, M.D.
Michael Strongin, M.D.
Fouad Surur, M.D.
Bruce H. Tisch, M.D.
Attila Toth, M.D.
William D. Walden, M.D.
David B. Weinstein, M.D.
Virginia Werden, M.D.
Ioannis A. Zervoudakis, M.D.

GRADUATE STAFF

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Olavi Ylikorkala, M.D.

Obstetricians and Gynecologists

Charles C. Anikwue, M.D.
Francis J. Browne, M.D.
George B. Feldman, M.D.
Joseph Finkelstein, M.D.

Ben D. Ramaley, M.D.
Hila K. Sela, M.D.
Chun Fu Wang, M.D.
Kenneth N. Wortman, M.D.

Assistant Obstetricians and Gynecologists

John T. Chabora, M.D.
Marilyn Cozzens-Kessler, M.D.
Jan Delli-Bovi, M.D.
Judith Anne Forrest, M.D.
James B. Haile, M.D.
Marcia A. Harris, M.D.
Edward I. Jacobson, M.D.
Jin Sik Kim, M.D.
Robert A. Langer, M.D.
Josefina Marin, M.D.
John Micha, M.D.
Alan Plotnik, M.D.
Reginald Puckett, M.D.
Kathryn Schrotenboer, M.D.
Ida Ellen Schwab, M.D.
Steven Seidman, M.D.
Ira L. Spill, M.D.
Paul von Oeyen, M.D.
Patricia Yarberry-Allen, M.D.

Ophthalmology

Acting

Ophthalmologist-in-Chief

Donald M. Shafer, M.D.

Attending Ophthalmologists

Alan Barnert, M.D.
Elizabeth F. Constantine, M.D.
Frank Constantine, M.D.
Brian Curtin, M.D.
Frederic H. Deutsch, M.D.
Eleanor Faye, M.D.
George Gorin, M.D.
Raymond Harrison, M.D.
Herbert Katzin, M.D.
Charles Kelman, M.D.
Jack Lisman, M.D.
Alfred Mamelok, M.D.
Edward Perley, M.D.
Walter Peretz, M.D.
James Purnell, M.D.
William Regan, M.D.
Walter Schachat, M.D.
Abraham Schlossman, M.D.
Sigmund Schutz, M.D.
Donald M. Shafer, M.D.
R. David Sudarsky, M.D.
Frederick Theodore, M.D.
William Toll, M.D.
Arnold Turtz, M.D.

**Associate Attending
Ophthalmologists**

Nathaniel Bronson, M.D.
Thomas Cherubini, M.D.
Daniel Doctor, M.D.
Carl Fasano, M.D.
Marvin Gillman, M.D.
Herbert Gould, M.D.
David Karlin, M.D.
Raphael Klapper, M.D.
Peter Laino, M.D.
Jules Landowski, M.D.
Harvey Lincoff, M.D.
Edward Liva, M.D.
Joseph Magaro, M.D.
Julius Schneider, M.D.
Suzanne Veronneau, M.D.
Philip H. Zweifach, M.D.

**Assistant Attending
Ophthalmologists**

Dianne Aronian, M.D.
Stephen Bloomfield, M.D.
Martin Bernstein, M.D.
Lucille Burns, M.D.
George Clahr, M.D.
Vittorio Coiro, M.D.
Peter Gart, M.D.
Laurence Harris, M.D.
Yaffa Kahanowicz, M.D.
Mark Lieberman, M.D.
Irene Llovera, M.D.
Murray Meltzer, M.D.
Michael Miller, M.D.
Richard Muchnick, M.D.
Robert Newhouse, M.D.
Peter Odell, M.D.
David Pearce, M.D.
Peter Pinto, M.D.
James Schutz, M.D.
Martin Smithline, M.D.
Greta Spanierman, M.D.
Aleksander Traykovski, M.D.
Edwin Trayner, M.D.
Eugene Weise, M.D.
Andrew Wendling, M.D.
Lawrence Yannuzzi, M.D.

Clinical Affiliate

Craig J. Leong, M.D.

GRADUATE STAFF

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Ophthalmologists

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Lawrence T. Reese, M.D.

Assistant Ophthalmologists

Joseph P. Castellano, M.D.
George Reed Failing, Jr., M.D.

Teofil B. Kulyk, M.D.
Peter Liggett, M.D.
Frederic J. Mallen, M.D.

Otorhinolaryngology

**Otorhinolaryngologist-
in-Chief**

James A. Moore, M.D.

**Attending
Otorhinolaryngologists**

Richard J. Bellucci, M.D.
William J. Follette, M.D.
James M. Holman, M.D.
Edward A. Meyers, M.D.
George C. Mueller, M.D.
William F. Robbett, M.D.
Alan A. Scheer, M.D.
John R. Williams, M.D.

**Associate Attending
Otorhinolaryngologists**

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Morton L. Gutkin, M.D.
Milton Ingberman, M.D.
Simon C. Parisier, M.D.
Jerome Rosenthal, M.D.
John H. Seward, M.D.
Harry D. Tawfik, M.D.

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Otorhinolaryngologists**

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William F. Flynn, M.D.
Andrew R. Ganz, M.D.
Stephen R. Geller, M.D.
Alvin Katz, M.D.
Michael D. Katz, M.D.
Inocencio Kho, M.D.
Stuart T. Nevins, M.D.
Norman J. Pastorek, M.D.
Anthony Raia, M.D.
W. Shain Schley, M.D.
Robert W. Selfe, M.D.
Elliott Solomon, M.D.

Clinical Affiliate

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Yadollah Ahmadi, M.D.
Maria Katona, M.D.
Joong Jin Kim, M.D.
Jern-Jon Kuo, M.D.
Ming-der Lee, M.D.
Stanley Lopyan, M.D.
Richard J. Perrotta, M.D.
Melvin Wiederkehr, M.D.

Pathology

Pathologist-in-Chief

John T. Ellis, M.D.

Attending Pathologists

Carl G. Becker, M.D.
Patrick J. Fitzgerald, M.D.
George F. Gray, Jr., M.D.
Aaron Kellner, M.D.
Elmer E. Kramer, M.D.
Robert C. Mellors, M.D.
C. Richard Minick, M.D.
George E. Murphy, M.D.
Charles A. Santos-Buch,
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John F. Seybolt, M.D.

**Associate Attending
Pathologists**

Daniel R. Alonso, M.D.
Peter G. Bullough, M.D.
Eugene L. Gottfried, M.D.
Janet A. Mouradian, M.D.
Alfred M. Prince, M.D.
Myron Susin, M.D.
Jack F. Woodruff, M.D.

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Paul S. Symchych, M.D.
Carolyn W. Watson, M.D.
Carl F. Wolf, M.D.

GRADUATE STAFF

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Assistant Pathologists

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M. Lita Alonso, M.D.
Harold Brusman, M.D.
Robert Carvalho, M.D.
Stephen Chasko, M.D.
Michael Cibull, M.D.
Adolfo Firpo, M.D.
Emile H. Franssen, M.D.
Geoffrey Gottlieb, M.D.
Winston Harrison, M.D.
Christine Honig, M.D.
Mary King, M.D.
Eva Levitan, M.D.
Maria Litrenta, M.D.

Margret Magid, M.D.
Joyce Nassauer, M.D.
Powers Peterson, M.D.
Linda Rankin, M.D.
Gene Seligson, M.D.
Ian Wanless, M.D.

Interns

Margaret H. Collins, M.D.
Thomas A. Godwin, M.D.
Annie Strupp, M.D.
Philip T. Valente, M.D.

Pediatrics

Pediatrician-in-Chief

Wallace W. McCrory, M.D.

Attending Pediatricians

Peter A. McF. Auld, M.D.
Paul F. deGara, M.D.
Kathryn H. Ehlers, M.D.
Mary Allen Engle, M.D.
Nathan Epstein, M.D.
John E. Franklin, M.D.
James L. German, III, M.D.
Henry P. Goldberg, M.D.
Robert A. Good, M.D.
James Q. Haralambie, M.D.
Aaron R. Levin, M.D.
John E. Lewy, M.D.
Fima Lifshitz, M.D.
Charlotte Lissauer, M.D.
Denis R. Miller, M.D.
Maria I. New, M.D.
Alfred L. Scherzer, M.D.
Mervin Silverberg, M.D.

**Attending Psychiatrist
in Pediatrics**

Theodore Shapiro, M.D.

**Associate Attending
Pediatricians**

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Richard R. Bass, M.D.
Charles H. Bauer, M.D.
Benedict Caterinicchio, M.D.
Leon I. Charash, M.D.
Leonard I. Ehrlich, M.D.
Margaret C. Heagarty, M.D.
Margaret W. Hilgartner, M.D.
Alfred N. Krauss, M.D.
Lenore Levine, M.D.
Wan Ngo Lim, M.D.
Irving H. Mauss, M.D.
Virginia C. Mitty, M.D.
Bertrand L. New, M.D.
Rebecca F. Notterman, M.D.
Michael Orange, M.D.
Hart deC. Peterson, M.D.

Virginia E. Pomeranz, M.D.
Irwin Rappaport, M.D.
John C. Ribble, M.D.
Madoka Shibuya, M.D.
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Stanley Zipser, M.D.

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Renee Brilliant, M.D.
Jeffrey L. Brown, M.D.
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Mary C. Buchanan, M.D.
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Manju Chandra, M.D.
Henry Chang, M.D.
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William Frayer, M.D.
Judith Goldstein, M.D.
Armando Grassi, M.D.
Arthur A. Klein, M.D.
Alberto Lacoious-Petrucelli,
M.D.

Uri Lavy, M.D.
Roy H. Lieberman, M.D.
Ralph Lopez, M.D.
Luther B. Lowe, Jr., M.D.
Alicejane Markenson, M.D.
Frank Medici, M.D.
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Songja Pang, M.D.
Birgitta Peterson, M.D.
Stanley E. Read, M.D.
Reuben Reiman, M.D.
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Melvin Rosh, M.D.
Paul Saenger, M.D.
Sylvia Schechner, M.D.
Stanley Schwartz, M.D.
William T. Seed, M.D.
Maurice Shinefield, M.D.
Elliot J. Siegal, M.D.
Donald R. Skog, M.D.
Josef Soloway, M.D.
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Ralph Stein, M.D.
Peter Steinherz, M.D.
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Mary Tsai, M.D.
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**Assistant Attending
Neurologist**

Jeffrey C. Allen, M.D.

**Assistant Attending
Psychiatrists**

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**Assistant Attending
Radiologists**

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Clinical Affiliates

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Andrea C. V. Giardina, M.D.
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Elizabeth Khuri, M.D.
Phyllis Landau, M.D.
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GRADUATE STAFF

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Peter Gunczler, M.D.
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Psychiatrists to Outpatients

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John Patten, M.D.
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GRADUATE STAFF

Clinical Fellow

Manubhai Desai, M.D.

Surgeons

Peter Blumencranz, M.D.
 Thomas E. Brown, M.D.
 James M. Brungardt, M.D.
 Lawrence H. Byrd, M.D.
 Donald F. Clukies, M.D.
 John R. Cunningham, M.D.
 Albert M. DeFabritus, M.D.
 Louis Ercolani, M.D.
 Kenyon B. Field, M.D.
 Ronald A. Fischman, M.D.
 Robert J. Goldenkranz, M.D.
 Ronald K. Harris, M.D.
 Mark E. Helbraun, M.D.
 William P. Homan, M.D.
 Kenneth S. Kelleher, M.D.
 Sung Jo Kim, M.D.

Morton J. Kleiner, M.D.
 Stephen D. Leonard, M.D.
 Samuel P. Martin, M.D.
 David A. Mayer, M.D.
 Philip J. McWhorter, M.D.
 Jesus Montoliu, M.D.
 Michael F. Nigro, M.D.
 Stuart B. Pett, Jr., M.D.
 Michael C. Ruddy, M.D.
 James Reid Sterrett, M.D.

Assistant Surgeons

Stephen Allen, M.D.
 Anthony C. Antonacci, M.D.
 Patrick L. Ballen, M.D.
 Philip S. Barie, M.D.
 Howard L. Beaton, M.D.
 William O. Bell, M.D.
 Michael E. Burt, M.D.
 Peter L. Cunningham, M.D.
 David N. Danforth, Jr., M.D.
 Richard L. Dombroff, M.D.
 John B. Famigietti, M.D.
 Laura Flawn, M.D.
 Gerry C. Fox, M.D.
 John F. Gallagher, M.D.
 Warren M. Glover, M.D.
 Richard E. Greenberg, M.D.
 Leigh Harris, M.D.
 Benedict T. Harter, M.D.
 Murk-Hein Heinemann, M.D.
 David N. Herndon, M.D.
 Karen E. Leider, M.D.
 Robert Lipson, M.D.
 William C. Mackey, M.D.
 Michael R. Madden, M.D.
 Robert L. McEntyre, M.D.
 Carl Mills, II, M.D.
 Lucille J. Norstrand, M.D.
 Eugene J. Nowak, M.D.
 Stephen J. Pilipshen, M.D.
 Joseph A. Rabson, M.D.
 Carolyn Reed, M.D.
 Robert A. Reichert, M.D.
 Newell B. Robinson, M.D.
 David Rose, M.D.
 Steven L. Shapiro, M.D.
 Douglas R. Smego, M.D.
 Jacob E. Tauber, M.D.
 Francesca M. Thompson, M.D.
 Huelidine Webb, M.D.
 Judith Whitcomb, M.D.
 Thomas L. Wickiewicz, M.D.
 William V. Wojeski, M.D.
 Bruce Wolff, M.D.
 Wilfred W. Yee, M.D.
 Roger W. Yurt, M.D.

Cardiothoracic Surgery

Attending Surgeon-in-Charge

William A. Gay, Jr., M.D.

Attending Surgeons

Cranston W. Holman, M.D.
George R. Holswade, M.D.

Associate Attending Surgeon

Arthur J. Okinaka, M.D.

Assistant Attending Surgeons

Ronald M. Abel, M.D.
John C. McCabe, M.D.
Valavanur A. Subramanian, M.D.

GRADUATE STAFF

Thoracic Surgeons

Steven D. Herman, M.D.
Eddie L. Hoover, M.D.
Arthur J. Roberts, M.D.

Assistant Thoracic Surgeon

Remo Gaudiel, M.D.

Dental and Oral Surgery

Attending Oral Surgeon-in-Charge

Stanley J. Behrman, D.M.D.

Attending Dentist

John J. Putnam, D.D.S.

Associate Attending Dentist (Periodontist)

Seymour M. Koteen, D.D.S.

Associate Attending Dentists (Prosthodontists)

Gerald M. Galvin, D.D.S.
Ivin B. Prince, D.D.S.

Associate Attending Dentists

Lawrence A. Behrman, D.D.S.
Ernest R. Piccaro, D.D.S.

Assistant Attending Oral Surgeons

Stephen E. Carney, D.D.S.
Thomas M. Darrigan, D.D.S.

Arthur C. Elias, D.M.D.
Steven J. Tunick, D.M.D.

Assistant Attending Dentists (Endodontist)

Joseph M. Leavitt, D.D.S.
Nelson I. Mendell, D.M.D.

Assistant Attending Dentist (Roentgenologist)

J. Kenneth Schmidt, D.M.D.

Assistant Attending Dentist (TMJ)

Leonard E. Quitt, D.D.S.

Assistant Attending Dentist (Myo-Functional Therapy)

Harvey Miller, D.D.S.

Assistant Attending Dentists (Pedodontist)

David J. Levine, D.D.S.
Jack Mitchell, D.D.S.
Alan Wishner, D.M.D.

Assistant Attending Dentists (Orthodontist)

Joseph D. Davis, D.D.S.
Marc Lemchen, D.M.D.

Assistant Attending Dentist (Periodontist)

Joseph E. Rowan, D.D.S.

Assistant Attending Dentists (Prosthodontist)

Jason C. Lee, D.D.S.
George W. Sferra, Jr., D.D.S.

Assistant Attending Dentist

Alfred A. Brown, D.D.S.

Clinical Affiliates (Oral Surgeon)

Thomas I. Carey, D.D.S.
Joseph J. Zito, D.D.S.

Clinical Affiliates (Orthodontist)

Robert M. Cole, D.D.S.
Henry I. Nahoum, D.D.S.
Gregory Sanford, D.M.D.

Clinical Affiliate (Dentist)

Milton Gabel, D.D.S.

GRADUATE STAFF

Oral Surgeons

Jerry L. Halpern, D.D.S.
Frank D. Shapins, D.D.S.

Assistant Oral Surgeon

Todd Jeffrey Berman, D.M.D.

Intern in Oral Surgery

Ronald S. Pack, D.M.D.

Interns—General Practice Residency Program

Bruce Goldenberg, D.D.S.
Roy A. Schonbrun, D.D.S.

Neurosurgery

Attending Surgeon-in-Charge

Russel H. Patterson, Jr., M.D.

Attending Surgeon

Howard S. Dunbar, M.D.

Associate Attending Surgeons

Richard A. R. Fraser, M.D.
Joseph H. Galicich, Jr., M.D.

Assistant Attending Surgeon

Irvine G. McQuarrie, M.D.

GRADUATE STAFF

Surgeons

Francis W. Gamache, M.D.
William R. White, M.D.

Assistant Surgeons

Ehud Arbit, M.D.
Alec Danylevich, M.D.
Masaaki Usui, M.D.
Rand M. Voorhies, M.D.

Orthopedics

Surgeon-in-Chief, The Hospital for Special Surgery

Philip D. Wilson, Jr., M.D.

Emeritus Staff

Norman L. Higinbotham, M.D.

Attending Surgeons

William D. Arnold, M.D.
Rolla D. Campbell, M.D.
John H. Doherty, M.D.
Allan E. Inglis, M.D.
L. Ramsay Straub, M.D.

Associate Attending Surgeons

Walther H. O. Bohne, M.D.
John N. Insall, M.D.
Bernard Jacobs, M.D.
Joseph Lane, M.D.
David B. Levine, M.D.
John P. Lyden, M.D.
Peter J. Marchisello, M.D.
Ralph C. Marcove, M.D.
John L. Marshall, M.D.
Chitranjan S. Ranawat, M.D.
Leon Root, M.D.
Eduardo A. Salvati, M.D.

Assistant Attending Surgeons

Samuel Avnet, M.D.
Howard D. Balensweig, M.D.
Alexander Hersh, M.D.
Victor Mayer, M.D.
Jeanne Pamilla, M.D.
Thomas D. Rizzo, M.D.
Thomas P. Sculco, M.D.
Konstantin P. Velis, M.D.
Russell F. Warren, M.D.
Jayaraja Yogaratnam, M.D.

GRADUATE STAFF

Surgeons

Lance Brigham, M.D.
George C. Brown, M.D.
James H. Ellison, M.D.
George M. Goldmark, M.D.
William F. Kennard, M.D.
Robert D. McMillan, M.D.
Harry J. Robinson, Jr., M.D.
Peter S. Robinson, M.D.
Roy M. Rubin, M.D.

Assistant Surgeons

David M. Dines, M.D.
John H. Doherty, Jr., M.D.
David J. Fleiss, M.D.
Richard J. Kearns, M.D.
J. Gregory Kinnett, M.D.
Lewis B. Lane, M.D.
Bruce Reider, M.D.
Raymond P. Robinson, M.D.
Bernard N. Stulberg, M.D.

Plastic Surgery

Attending Surgeon-in-Charge

Dicran Goulian, Jr., M.D.

**Associate Attending
Surgeons**

Randolph H. Guthrie, M.D.
James W. Smith, M.D.

**Assistant Attending
Surgeons**

Gerald Imber, M.D.
Laurence R. LeWinn, M.D.
Robert G. Schwager, M.D.

Clinical Affiliate

Danica Kovachev, M.D.

GRADUATE STAFF

Surgeons

Constance Arnold, M.D.
Robert L. Cucin, M.D.
Joseph Feinberg, M.D.
Robert A. Harvey, M.D.
Edward W. Powers, M.D.
Lawrence S. Reed, M.D.
Maja S. Ruetschi, M.D.
Bernard D. Sklansky, M.D.

Assistant Surgeon

Pamela M. Gallagher, M.D.

Urology

Acting Attending

Surgeon-in-Charge

Edward C. Muecke, M.D.

Attending Surgeons

John W. Draper, M.D.
John G. Keuhnelian, M.D.
Russell W. Lavengood, Jr.,
M.D.
Victor F. Marshall, M.D.
John H. McGovern, M.D.
Willet F. Whitmore, Jr.,
M.D.
John J. Williams, M.D.

**Associate Attending
Surgeons**

John W. Coleman, Jr., M.D.
J. Edwin Drew, M.D.
David T. Mininberg, M.D.
Jon M. Reckler, M.D.

**Assistant Attending
Surgeons**

James P. McCarron, Jr., M.D.
Piero O. Niceta, M.D.
William Reid Pitts, Jr., M.D.
Anthony N. Spinelli, M.D.

Clinical Affiliates

Francis Beneventi, M.D.
Mitchell Brice, II, M.D.
Gustavus A. Humphreys,
M.D.
Robert S. Waldbaum, M.D.

GRADUATE STAFF

Surgeons

Gary C. Linn, M.D.
James R. Stivers, M.D.
George M. Uhran, M.D.

Assistant Surgeons

Paul A. Church, M.D.
John A. Fracchia, M.D.
Lawrence E. Heller, M.D.
John N. Krieger, M.D.
Thomas P. McGovern, M.D.
Walid A. Mufarrij, M.D.
Jerome P. Parnell, M.D.
Robert A. Riehle, M.D.

Deaths

We record with sorrow the passing during 1977 of the following members of the professional staff:

David P. Barr, M.D.,
Honorary Staff (Medicine)
C. Richard Bowman, M.D.,
Assistant Physician
Henry Carr, M.D.,
Associate Attending Physician
George C. Cotzias, M.D.,
Attending Neurologist
John H. Eckel, M.D.,
Attending Surgeon
Theodore H. Finkle, M.D.,
Assistant Attending Psychiatrist
Henry O. Heinemann, M.D.,
Attending Physician
Carl Muschenheim, M.D.,
Consultant (Medicine)
Salo Rosenbaum, M.D.,
Assistant Attending Psychiatrist
Samuel Z. Shey, M.D.,
Consultant in Anesthesiology
(Westchester Division)

Directors of Laboratories

Clinical Biochemistry Laboratories

Biochemist-in-Chief:

Alton Meister, M.D.

Clinical Biochemistry

Director:

Gordon Fairclough, Ph.D.

Assistant Directors:

James Cornell, Ph.D.

Jerald Gass, Ph.D.

Edward Schubert, Ph.D.

Transportation-Dialysis Laboratory

Director: Albert L. Rubin, M.D.

Clinical Pathology Laboratories

Pathologist-in-Chief:

John T. Ellis, M.D.

BLOOD BANK

Director: Carl F. W. Wolf, M.D.

Assistant Director:

Aaron Kellner, M.D.

CLINICAL HEMATOLOGY

Director:

Eugene L. Gottfried, M.D.

CLINICAL MICROBIOLOGY

Director:

Laurence B. Senterfit, Sc.D.

Assistant Directors:

Carl G. Becker, M.D.

Desider J. Rothe, M.D.

CYTOLOGY

Director: John F. Seybolt, M.D.

SURGICAL PATHOLOGY

Director:

George F. Gray, Jr., M.D.

Assistant Directors:

Elmer E. Kramer, M.D.

Janet A. Mouradion, M.D.

Clinical Diagnostic Laboratories, Directors

BASAL METABOLISM

David V. Becker, M.D.

CARDIAC CATHETERIZATION, ADULT

Susan A. Kline, M.D.

CARDIAC CATHETERIZATION, PEDIATRICS

Aaron R. Levin, M.D.

CARDIAC GRAPHICS, ADULT

Paul B. Kligfield, M.D.

CARDIAC GRAPHICS, PEDIATRICS

Kathryn H. Ehlers, M.D.

ELECTROENCEPHALOGRAPHY

Gail E. Solomon, M.D.

NUCLEAR MEDICINE

David V. Becker, M.D.

PEDIATRIC EXERCISE

Arthur A. Klein, M.D.

PULMONARY FUNCTION

William A. Briscoc, M.D.

James P. Smith, Jr., M.D.

Division of Nursing

Senior Associate Hospital Director

Eleanor C. Lambertsen, Ed.D.,

D.Sc. (Hon.), R.N.

Executive Assistant Director of Nursing Service

M. Joanna Foster, M.A., R.N.

Assistant Director of Nursing Service

Elizabeth G. Brooks, M.A., R.N.

Assistant Director of Nursing Service for Staff Education

Edna Danielsen, M.A., R.N.

Assistant Director of Nursing Service for Patient Care

Christina Haas, M.A., R.N.

Clinical Nursing Department Heads

Mary T. Bielski, M.A., R.N.

Medical Nursing

Dorothy Ellison, M.A., R.N.

Operating Room Nursing

Christina Haas, M.A., R.N.

(Acting Department Head)

Burn, Trauma and Emergency

Nursing Services

Laura L. Simms, Ed.D., R.N.

Surgical Nursing

Marie Strickland, M.Ed., R.N.

Obstetrical/Gynecological and

Pediatric Nursing

Carolyn Wagner, M.A., R.N.

Ambulatory Care Nursing

Director of Psychiatric Nursing Service

Payne Whitney

Psychiatric Clinic

Eddie Mae Barnes, M.A., R.N.

A Gift to The New York Hospital

For the Guidance of Your Attorney

A gift to The New York Hospital gives aid to the ill and the distressed, supports programs which educate doctors for the future, and makes possible research to stamp out disease, helping people today and generations yet unborn.

Gifts may be made in a number of ways, such as by money (check or cash), by securities, by testamentary devise (land) or by bequest (property other than land), by intervivos or testamentary trust.

Because The Society of the New York Hospital is a voluntary, non-profit institution contributing to the public welfare, gifts to it by individuals or corporations are exempt from income, gift and inheritance taxes to the extent and in the manner provided by Federal and State laws.

Where a gift of money is to be made by check, it should be made payable to The New York Hospital and mailed to the Secretary of The Society of the New York Hospital at the address given below.

If the donor wishes to make a gift of securities (stock certificate or other instrument of value), instructions concerning their delivery may be obtained from the Secretary.

The suggested terminology for an unrestricted devise or bequest is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York, . . . (description of the property) to be used by the Board of Governors for its general corporate purposes."

For a restricted devise or bequest, the suggested terminology is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York, . . . (description of the property) to be used for the following purpose(s)" As a recommended alternative to the restricted devise or bequest, a testator may request the Board of Governors, without directing it to do so, to use such devise or bequest for the purchase or construction of specific capital additions, plant improvements or in support of programs conducted by the Hospital or its Departments. In such case, the devise or bequest will be classified as unrestricted but, subject to discretionary approval of the Board of Governors, will be used to

carry out such request. This alternative is preferable to the restricted devise or bequest because it empowers the Board to exercise discretion in dealing with constantly changing priorities and requirements of this large hospital thereby providing flexibility not present under confining terms of a restricted devise or bequest. When this method is followed, and application of the devise or bequest is left to the Board's discretion, the actual intent of the testator can be better served to the Hospital's advantage than is possible under rigid restrictions.

The New York Hospital encourages gifts without restriction so as to permit greater facility in planning and administering its extensive and complex programs of patient care and medical education.

An Estate Affairs program has been established at the Hospital. The program complements its traditional sources of philanthropic support by offering deferred giving opportunities through Charitable Remainder Trusts that can benefit donors as well as the Hospital.

In the event you would like further information, please consult your attorney or the Office of the Secretary of The Society:

Secretary
The Society of the New York Hospital
525 East 68th Street
New York, N.Y. 10021

**The Society of the
New York Hospital**

525 East 68th Street
New York, New York 10021



The Society of the New York Hospital

1978 Annual Report





The New York Hospital
525 East 68th Street
New York, New York 10021

A Tale of Two Centuries

*A victim of a severe heat wave is brought
to The New York Hospital,
August 1866. (courtesy NYH-CMC Archives)*

In the year 1771, “sundry publick-spirited persons, influenced by the spirit of benevolence,” petitioned King George III of England for a charter of incorporation, the purpose being to establish for the first time in the City of New York, “a publick hospital, one of the most useful and charitable institutions.” The charter was granted and The New York Hospital came into being, operated by The Society of the New York Hospital through its Board of Governors, all private individuals donating their time and energy to the endeavor. It stands today as living testimony to the spirit of man’s humanity to man.

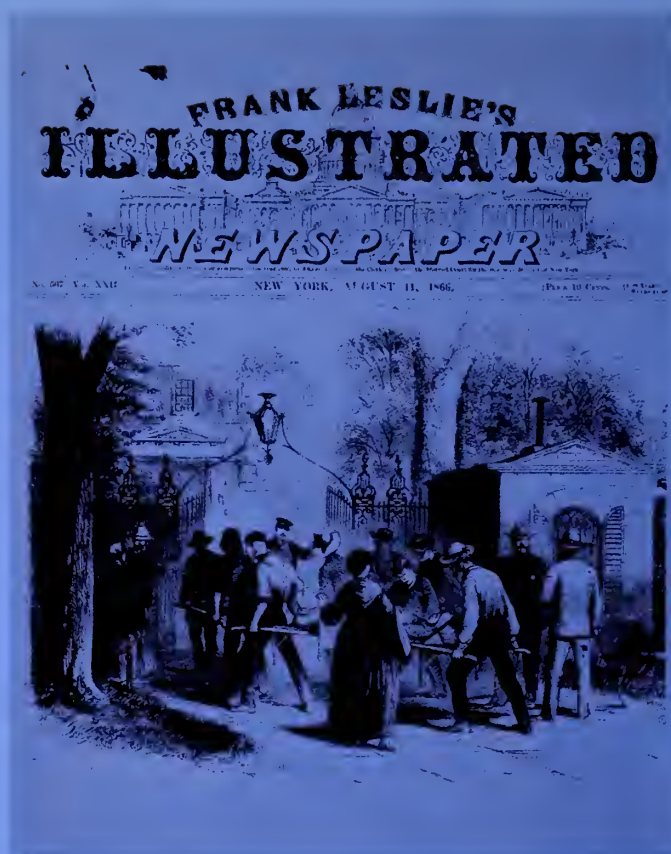
A non-profit institution, the Hospital has extended its healing hand to ten generations of Americans and cared for five million sick people.

From the beginning the Hospital was interested in the mentally ill. In 1821 a new division called Bloomingdale Asylum was opened on Upper Broadway to care for psychiatric patients. Later the institution moved to White Plains, N.Y., where it is now known as The New York Hospital-Cornell Medical Center, Westchester Division.

In 1877 the Hospital moved from lower Manhattan to Sixteenth Street and established its School of Nursing. Affiliation with the Cornell University Medical College in 1912 furthered the Hospital’s goal of becoming one of the world’s great teaching institutions. The Hospital moved to its present site in 1932. Included in the new structures was the Payne Whitney Psychiatric Clinic, providing both inpatient and outpatient care for the mentally ill in an urban setting.

The New York Hospital-Cornell Medical Center, occupying more than three city blocks at 68th Street and East River Drive, is made up of the Hospital, the Cornell University Medical College and the Cornell University-New York Hospital School of Nursing. Today the Center ranks as one of the major health-care complexes of the nation.

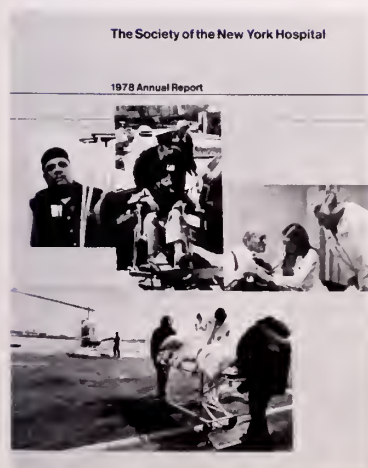
Throughout its history, The New York Hospital has adhered to a four-fold goal: care of the sick; research; teaching; and preventive medicine.



1978 Annual Report

Contents

Officers and Governors of The Society	2
Executive and Standing Committees of the Board of Governors	3
Officers and Committees of the Joint Board of the New York Hospital-Cornell Medical Center	4
Report of the President of The Society <i>by Stanley de J. Osborne</i>	5
Report of the Director <i>by David D. Thompson, M. D.</i>	12
Progress in Patient Care and Research <i>by David D. Thompson, M.D.</i>	15
Statistical Highlights	26
Financial Statements	28
Report from the Chairman of the Development Committee <i>by Mrs. Vincent de Roulet</i>	30
Report of the President of the Auxiliary <i>by Mrs. L. Patton Kline</i>	32
Report of the Director of Volunteers <i>by Mrs. Louise Floeckher</i>	33
Donors	34
Professional Staff	38
"A Gift to The New York Hospital": Guidance for Your Attorney	Inside back cover



About the Cover

For The New York Hospital, 1978 was a year of renewal—of renewed commitments reflecting the great diversity of the Hospital's endeavor. A good illustration of that diversity is found in the variety of ways the Hospital and its patients come together, as depicted on our cover. Pictured there are (moving clockwise from upper left) a clinic patient, a private patient, a patient seen on a home visit and an emergency patient referred from a smaller community hospital in the metropolitan area and transported to The New York Hospital by helicopter.

Past Presidents

John Hay Whitney,
1950-1953,
Life Governor
Francis Kernan,
1957-1960,
Life Governor
Frederick K. Trask, Jr.,
1961-1965,
Life Governor
Kenneth H. Hannan,
1966-1974,
Governor

Officers, 1979

Stanley de J. Osborne,
President
Mrs. Vincent de Roulet,
Vice-President
(Operations)
Edwin Thorne,
Vice-President
(Investment)
Frank S. Streeter,
Vice-President
(Finance)
Frederick W. Gluck,
Vice-President and Treasurer
David D. Thompson, M.D.,
Vice-President and Director
of The Society of the New York
Hospital
H. Mefford Runyon,
Secretary
Julius D'Elia,
Assistant Treasurer
Vivian M. Schuler,
Assistant Secretary

Board of Governors

George F. Baker, III
R. Palmer Baker, Jr.
Hays Clark
Dale R. Corson
Mrs. Alexander T. Daignault
Mrs. Vincent de Roulet
Walter G. Dunnington, Jr.
Mrs. John Elliott, Jr.
James H. Evans
Edward Ward Franklin
Frederick W. Gluck
Maurice Raymond Greenberg
Kenneth H. Hannan
Marifé Hernandez
Jerome H. Holland
Devereux Milburn
Mrs. Daniel R. Murphy
Stanley de J. Osborne
Ogden Mills Phipps
Robert W. Purcell
Frank S. Streeter
William P. Tavoulaareas
Arthur R. Taylor
Paul E. Taylor, Jr.
Edwin Thorne
David W. Wallace
John L. Weinberg
Walter B. Wriston

Life Governors

Cornelius N. Bliss, Jr.
William A. M. Burden
Benjamin S. Clark
Mrs. Alexander C. Cushing
C. Douglas Dillon
Samuel S. Duryee
Francis Kernan
John L. Loeb
Louis M. Loeb
George S. Moore
Augustus G. Paine
Ogden Phipps
Henry N. Pratt, M.D.
Laurance S. Rockefeller
Frederick K. Trask, Jr.
Albert Carey Wall
Harold Weill
John Hay Whitney
Langbourne M. Williams

Senior Administrative Officers of the Hospital

David D. Thompson, M.D.,
Director of The Society of the
New York Hospital
Melville A. Platt, M.D.,
Executive Associate Director,
The Society of the New York
Hospital
Eleanor C. Lambertsen, R.N.,
Ed.D., D.Sc.
Senior Associate Director,
Nursing Services, The Society
of the New York Hospital
Julius D'Elia
Senior Associate Director,
Administrative Services, The
Society of the
New York Hospital

United States Trust Company
of New York
Custodian, Endowment Funds
Custodial Trustee, Pension Fund
Kelley Drye and Warren,
General Legal Counsel
Arthur Andersen & Co.,
Auditors
Bank of New York,
Trustee,
Professional Liability Insurance
Fund
Citibank N.A.,
General Operating Bank
Neuberger and Berman
Pension Management, Inc.
New Court Capital
Management, Inc.
Scudder, Stevens and Clark,
Investment Managers,
Endowment
and Pension Funds

Medical Board

John T. Ellis, M.D.,
President
Joseph P. Whalen, M.D.,
Secretary
Joseph F. Artusio, Jr., M.D.
Robert L. Clarke, M.D.
Otto Kernberg, M.D.
William J. Ledger, M.D.
Wallace W. McCrory, M.D.
Robert Michels, M.D.
James A. Moore, M.D.
Willibald Nagler, M.D.
Mary Ann Payne, M.D.
Fred Plum, M.D.
George Reader, M.D.
Jack Richard, M.D.
Albert L. Rubin, M.D.
Donald M. Shafer, M.D.
G. Thomas Shires, M.D.
David D. Thompson, M.D.
Hibbard E. Williams, M.D.

Executive Committee

Stanley de J. Osborne,
Chairman
Mrs. Vincent de Roulet
Mrs. John Elliott, Jr.
James H. Evans
Frederick W. Gluck
Kenneth H. Hannan
Frank S. Streeter
Arthur R. Taylor
Edwin Thorne
Harold Weill
John L. Weinberg
John Hay Whitney,
Life Governor
Walter B. Wriston

Audit Committee

Edward Ward Franklin,
Chairman
George F. Baker, III
Hays Clark
Mrs. Alexander T. Daignault
Walter G. Dunnington, Jr.
George S. Moore,
Life Governor
Mrs. Daniel R. Murphy
Ogden Mills Phipps

Facilities Planning and Review Committee

Paul E. Taylor, Jr.,
Chairman
R. Palmer Baker, Jr.
Hays Clark
Robert W. Purcell
Robert H. Abrams,
Public Member
David W. Wallace

Finance Committee

Frank S. Streeter,
Chairman (Finances)
George F. Baker, III
Walter G. Dunnington, Jr.
Edward Ward Franklin
Frederick W. Gluck,
(Financial Planning)
Kenneth H. Hannan
Jerome H. Holland
Devereux Milburn
Richard de J. Osborne,
Public Member
(Data Processing and
Computer Systems)
David W. Wallace,
(Personnel and Retirement
Policies)
John L. Weinberg,
(Budget)

Investment Committee

Edwin Thorne,
Chairman
George F. Baker, III
Benjamin S. Clark
Hays Clark
Edward Ward Franklin
Augustus G. Paine,
Life Governor
Ogden Mills Phipps
Robert W. Purcell
Harold Weill

Nominating Committee

James H. Evans,
Chairman
Mrs. Alexander C. Cushing,
Life Governor
Mrs. Vincent de Roulet
Mrs. John Elliott, Jr.
Kenneth H. Hannan
Devereux Milburn
Robert W. Purcell
Frank S. Streeter
Frederick K. Trask, Jr.,
Life Governor
Walter B. Wriston

Operations Committee

Mrs. Vincent de Roulet,
Chairman (Nursing Service)
Stanley de J. Osborne
(Pathology)
R. Palmer Baker, Jr.
(Psychiatry)
Hays Clark
(Otorhinolaryngology)
Mrs. Alexander C. Cushing,
Life Governor
(Ophthalmology)
Mrs. Alexander T. Daignault
(Obstetrics and Gynecology)
Walter G. Dunnington, Jr.
(Anesthesiology)
Frederick W. Gluck
(Medicine)
Kenneth H. Hannan
(Public Health)
Marifé Hernandez
(Perinatology Center)
Devereux Milburn
(Neurology)
Ogden Mills Phipps
(Rehabilitation Medicine)
Frank S. Streeter
(Surgery)
William P. Tavoulaareas
(Burn Center)
Paul E. Taylor, Jr.
(Rogosin Kidney Center)
Edwin Thorne
(Cardiovascular Center)
David W. Wallace
(Radiology)
Harold Weill,
Life Governor
(Pediatrics)

**The Joint Board
of the
New York Hospital-
Cornell Medical
Center, 1979**

**Joint Board
Committees**

*(The Committees listed
below functioned during 1978.
Their structure and purposes
are currently being changed.)*

Stanley de J. Osborne, **
Chairman

Arthur H. Dean, *
Emeritus

Mrs. John Elliott, Jr. **

Kenneth H. Hannan **

Robert W. Purcell *

Frank H. T. Rhodes *

Harold D. Uris *

Stephen H. Weiss *

John Hay Whitney, **
Emeritus

Walter B. Wriston **

Non-Voting Members:

Theodore Cooper,
M.D., Ph.D.
*Dean, Cornell University
Medical College*

David D. Thompson, M.D.,
*Director, The Society of the
New York Hospital*

Eleanor C. Lambertsen, R.N.,
Ed.D., D.Sc.,
*Dean, Cornell University—
New York Hospital School
of Nursing*

* CORNELL REPRESENTATIVE

** HOSPITAL REPRESENTATIVE

Development Committee

Mrs. Vincent de Roulet,
Chairman

Dale R. Corson

E. Hugh Luckey, M.D.,
Vice-Chairmen

Mrs. Alexander T. Daignault

Mrs. John Elliott, Jr.

Kenneth H. Hannan

Stanley de J. Osborne

Arthur R. Taylor

Edwin Thorne

Harold Weill

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PLANNING &
REVIEW COMMITTEE**

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Chairman

Mrs. Alexander T. Daignault

Mrs. Vincent de Roulet

Mrs. John Elliott, Jr.

Jansen Noyes, Jr.

Stanley de J. Osborne

Arthur R. Taylor

Harold Weill

Administration Members:

Theodore Cooper,
M.D., Ph.D.

E. Hugh Luckey, M.D.

David D. Thompson, M.D.

**SPECIAL AD HOC
COMMITTEE**

Ogden Mills Phipps

William P. Tavoulareas

John L. Weinberg

Walter B. Wriston

Frederick K. Trask, Jr.,
Life Governor

**THIRD CENTURY
COMMITTEE**

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Arthur R. Taylor

Dale R. Corson,
Co-Chairmen

E. Hugh Luckey, M.D.

Jansen Noyes, Jr.

Harold Weill,
Vice-Chairmen

Robert H. Abrams

George F. Baker, III

R. Palmer Baker, Jr.

Benjamin S. Clark

Hays Clark

David J. Culbertson

Mrs. Alexander C. Cushing

Mrs. Vincent de Roulet

James H. Evans

Edward Ward Franklin

Frederick W. Gluck

Kenneth H. Hannan

Robert J. McDonald

Stanley de J. Osborne

Mary Ann Payne, M.D.

Robert W. Purcell

Harvey E. Sampson

Nelson Schaenen, Jr.

Charles T. Stewart

Patricia Carry Stewart

Frank S. Streeter

Paul E. Taylor, Jr.

Edwin Thorne

David W. Wallace

Stephen H. Weiss

**ANNUAL GIVING
& SPECIAL EVENTS
COMMITTEE**

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Chairman

Hays Clark,
Vice-Chairman, Annual Giving

Mrs. David Evins,
Vice-Chairman, Special Events

Donald J. Cameron, M.D.

Mrs. Ronald Caplan

Mrs. Alexander C. Cushing

E. William Davis, Jr., M.D.

Walter G. Dunnington, Jr.

Mrs. Edwin Jay Gould

Ms. Marifé Hernandez

Daniel F. Herrick
(Public Member)

Jerome H. Holland

Mrs. Gerald Imber

Mrs. L. Patton Kline

Russell W. Lavengood, Jr., M.D.

Miss Vivian Schuler

**Public Affairs
Committee**

Ms. Marifé Hernandez,
Chairman

Jean W. Schoonover,
Vice-Chairman

Frederick W. Gluck

Thomas Wise

(Public Member)

*The New York Hospital-
Cornell Medical Center,
from the East River.*



The year under review was the 207th since the Hospital was chartered by King George III in 1771, five years prior to our own national independence. It also marked the semi-centennial of our intimate affiliation with Cornell University Medical College in New York City.

Nineteen seventy-eight was a year of many positive achievements in the health field, but, unfortunately, of increasing problems in maintaining financial viability.

Our successes have been many. These have been largely achieved by the skills, hard work and unusual devotion of the more than 5,000 professional, administrative and support personnel who together make it possible to operate this institution according to the highest standards of

quality, day and night throughout the year.

The Clinical Departments

As I noted in prior reports, a series of near-concurrent events left the Medical Center with vacancies in some of its most important departmental chairmanships. These occurred in the clinical departments of Medicine, Pediatrics, Obstetrics and Gynecology, Ophthalmology and Otorhinolaryngology, and in the two basic science departments of Anatomy and Microbiology.

The cure for this unusual confluence of needs obviously became the very highest priority for the leadership of the entire Center. Happily we have already been able to fill several

of these vacancies with outstanding clinicians.

Dr. Hibbard Williams has taken over as physician-in-chief of The New York Hospital, and chairman of the Department of Medicine of Cornell University Medical College. Dr. Williams comes back to this Center, where he graduated from CUMC in 1958. He trained at Massachusetts General Hospital and, following fellowships at the National Institutes of Health and Harvard Medical School, he joined the faculty of the University of California School of Medicine in San Francisco in 1965. He became vice-chairman of the Department of Medicine and chief of the Medical Service at San Francisco General Hospital in 1970, which positions he held until coming here in July 1978.

The road back—Rehabilitation Medicine.

Not to be overlooked in the above appointment, should be Dr. Charles L. Christian, who agreed to be the acting physician-in-chief during the intensive period of search. He handled this interim position with great success and tact, and we are all grateful to him for having served.

We are also fortunate in the appointment of Dr. William J. Ledger as obstetrician- and gynecologist-in-chief. His appointment at CUMC is as the Given Foundation Professor and chairman of the Department of Obstetrics and Gynecology. Dr. Ledger graduated from Princeton University and from the University of Pennsylvania School of Medicine in 1958. After completing his residency training at Temple University Medical Center in 1964, he joined the faculty of the University of Michigan, where he remained until 1972. He then became professor of obstetrics and gynecology and director of the Division of Maternal-Fetal Medicine at Women's Hospital, Los Angeles County-University of Southern California Medical Center, which positions he occupied until coming here January 1, 1979.

The position of ophthalmologist-in-chief has also been filled, after an unusual period of vacancy. Dr. T. Jackson Coleman, an outstanding specialist in this field, comes to us from the Institute of the Columbia-Presbyterian Medical Center. A 1960 graduate of the University of Buffalo School of Medicine, he received his training at Bellevue Hospital, at George Washington University Department of Physiology, and at



Presbyterian Hospital, and held faculty and medical staff appointments at Columbia-Presbyterian Medical Center.

The vacancy of otorhinolaryngologist-in-chief is yet to be filled, but the Department continues to be administered, with distinction, by Dr. James A. Moore, who has agreed to remain beyond his normal age of retirement until this position is filled. This we hope to accomplish early in 1979.

Thus, at this writing, February 1979, the only other unfilled chairmanships are in pediatrics and in the College's basic science departments of Anatomy and Microbiology.

Despite these remaining vacancies, the fact remains that three positions have been filled in recent months, and we are optimistic that two more will be filled shortly. This augurs well for the future of high quality patient care and education at the Medical Center.

The New York Hospital-Cornell Medical Center

Close working relationships between the Hospital and Cornell University Medical College are not only essential to each unit, but assure the highest quality standards for patient care, for research, and for education. To maintain this as a totally smooth relationship is often not easy, given the two separate organizational and corporate structures, and the inescapable day-to-day differences that can occur in the points of view of highly trained, intelligent and devoted professionals.

Progress has come about through the constant attention being paid to inter-institutional affairs by the director and executive associate director of the Hospital (Drs. David D. Thompson and Melville A. Platt) and the dean and deputy dean of the Medical College (Drs. Theodore Cooper and Thomas H. Meikle). Meeting twice a week, these leaders and their administrative aides are solving problems before they become divisive.

Beyond this, special committees of the Board of Governors and Board of Trustees have met to attempt solution of major matters.

Several vital joint inter-institutional efforts have been strengthened or newly started.

A major effort is being made to provide outlying hospitals the opportunity to use the advanced tertiary patient care facilities available at The New York Hospital, and the continuing education potentialities which

Admissions: where care starts.

can be provided by Cornell University Medical College. This affiliations-and-referral system is helpful to both sets of institutions, and has already shown important results.

Other inter-institutional programmatic efforts which are being developed under the able leadership of Dr. Albert L. Rubin, director of the famed Rogosin Kidney Center, are related to even greater controls in the quality standards at all levels throughout the Center, and to the development of maximum potentials for inter-disciplinary involvement in a number of clinical activities.

Another important joint program is the development of badly needed new facilities, and renewal of older facilities at both the Hospital and the Medical College. Principally, these involve desperately required improved diagnostic and laboratory facilities. Today's improved techniques, the expanded use of sophisticated blood banks and other such facilities which permit more accurate diagnoses, quicker help for patients, and resultant cost savings, require space and could not be planned when these magnificent buildings were built 50 years ago. These new facilities should now be made available within the land area occupied by the main hospital. Further, and



sooner rather than later, space must also be provided for more modern and better equipped in-patient rooms. The latter will not involve any added bed inventory but will update facilities now almost fifty years old.

The costs of these essential and long-deferred improvements are obviously great, but means will be found, hopefully from generous donors.

On the financial front, two principal efforts are under way.

The funds which have, over the past generation, flowed to medical schools in the form of educational and research support have, unfortunately, been cut back. Thus, Cornell's very excellent Medical College is facing financial problems which must be solved. A special inter-institutional group is at work to find solutions to

this problem and to problems relating to the general finances of the Hospital and the Center.

Lastly, but of paramount importance, is the organization of the essential fund-raising programs. The management of the Third Century Fund, which is the keystone for the funding of future essential physical and programmatic developments in the Medical Center, will be strengthened both on the professional and on the volunteer sides. Dale R. Corson, chancellor and former president of Cornell University, has, for the past year, taken charge of these programs, but is now retiring from the University. A more detailed résumé of these activities will be found further in my report.

As has been noted, these joint programs are being undertaken by people representing both of the institutions that make up our Medical Center, and at all levels, professional and administrative.

I would be remiss in not mentioning the increased interchange of activities, principally at academic levels, but also with the Hospital, among our great neighboring institutions, Memorial Sloan-Kettering Cancer Center and Rockefeller University, and our continuing close working arrangements with the Hospital for Special Surgery.

Probably nowhere else in the world can one find in one relatively small cluster such a complex of famous institutions devoted to the science of health and to the care of patients. More and more are the advantages of such a situation being realized and programs launched to make optimum use of them.

Finances

The Hospital continues to show the results of improved management techniques and of rigid controls. However, costs continue to rise as inflation necessitates increased outlays for energy, salaries and wages, and goods and services of every kind.

Nineteen seventy-eight was a year in which many of the cost containment efforts started in the last few years began to bear fruit.

In our opinion, an institution—like The New York Hospital—that is not burdened by all of the corporate accounting rules should not only absorb “depreciation of assets” on a historic cost basis in “operating profit or loss,” but should also take into consideration the sums spent for added maintenance, rehabilitation and essential capital improvements to existing assets.

Based on this philosophy, the operating loss for 1978 was \$1,419,000. Similar figures for the prior three years were: 1977, \$3,617,000; 1976, \$6,158,000; and 1975, \$7,758,000.

We are also satisfied that our current reserves are in the best shape that they have been in for a long time.

Were it not for the generosity of so many friends of the Hospital who have made and continue to make large and small donations to it, we

would be unable to continue to serve our broad public and its needs.

On the other hand, I cannot blame government or insurance groups for criticizing the costs of “health,” when these costs are now approaching 10 percent of our country’s Gross National Product. I applaud the efforts to bring these costs under control, but, in my opinion, the time is long overdue for the subject to be taken out of the realm of political speeches and inflammatory rhetoric. It should be viewed dispassionately and the necessary corrections should be made. May I take a few paragraphs to outline what a few of these corrections should be:

1. ALL HOSPITALS ARE NOT ALIKE

Surplus beds do exist in this country, far too many in a number of localities, but how many are being politically maintained in places where they should no longer be? Unfortunately, many, too many.

It is not fair to compare hospitals in that condition with those, like ours, that do not have such surplus of accommodations.

President Carter is trying to set cost limits on hospitals while avoiding similar ceilings on those who create the vast majority of cost increases which a hospital is forced to bear.

On the other hand, against governmental suggestions for past and future ceilings of over 9.5 percent, the costs of The New York Hospital (main hospital) rose 7.97 percent in 1978.

2. TEACHING HOSPITALS

are a national resource. Here, at the very top of medical practice, are to



be found the most sophisticated and life-saving capabilities, not only in physical facilities or in instrumentation, but in the trained medical teams of doctors, nurses, aides, and others to be found nowhere else.

Why lump these with all other hospitals?

3. LET'S LOOK AT “COSTS”

which are constantly being quoted as if they were caused only by bad hospital administration or by other failures of management.

(a) INSURANCE

I have previously referred to the intolerable increase in this area of costs. It bears repeating, for one particular cost, “malpractice” insurance, has risen dramatically, as follows:

1964-1974: \$355,000 per year

1975	\$1,560,000
1976	\$1,867,000
1977	\$3,145,000
1978	\$3,431,000



Costs charged by commercial insurance carriers became so outlandish that by the end of 1976, we were forced to self-insure, and in 1978, joined with Presbyterian, Johns Hopkins, and Strong Memorial Hospitals in forming an off-shore captive company which is professionally managed. This now provides us with broader coverage and, hopefully, in the years ahead, with lower costs.

Had we not taken the alternatives of self-insurance in 1976 and then of forming the "captive insurance company" in 1978, we would be paying, according to outside quotations, over \$6,000,000 per year today.

Further, we have established a rigid and stringent administrative system to monitor all deviations, large or small, that occur from ideal practice. Thus far, this has been a successful operation.

Having brought this cost to the front, I would like to ask what is

being done outside of the direct health field to correct the reasons for these high premium costs? Have any but a very few states really tried to bring under control the excessive dollar verdicts being handed out by our jury system? Has anyone tried to put verdicts in the hands of qualified people? Why should such a staggering cost be handled at the most emotional levels?

Real "malpractice" should be remunerated, but frivolity and out-of-proportion verdicts will have to cease, or costs are bound to continue their acceleration.

These are costs for which hospitals and the medical profession as a whole should not be blamed, but, unfortunately, are being lumped in with other costs to produce the constantly quoted unhappy statistics.

(b) PERSONNEL

Not too many years ago people who worked in hospitals were on salary levels well below those of the general public. People make up 70 percent of this Hospital's costs. Today, of necessity, hospital personnel are as well paid as the general work force or even better paid. "Catch-up" has been costly, but we must have competence, interest and pride on the part of our people if they are to give the best patient care. The world has changed.

Let me repeat just two of the annual stipends of the past, and now bring them up-to-date.

	1935	1955	Today
Staff			
Nurses	\$720	\$3,120	\$14,820
House			
Staff	\$700	\$1,250	\$16,200

(c) DEPRECIATION

An assured, but hidden, deficit also occurs in the handling of so-called "depreciation and amortization" of fixed assets.

"Depreciation" as understood in normal corporate accounting (and as governed by Federal and other tax laws) is a fixed percentage of the adjudged life of the asset. Unfortunately, the cost of replacing or maintaining such assets in today's economy is often several times the original cost. Thus, the provision for such depreciation, based on such a tax-accounting basis cannot, over the life expectancy of the asset, pay for its replacement.

In 1978 we were, on current accounting principles, allowed to charge \$4,009,000 to depreciation reserves. Actual costs were \$5,359,000, creating an added cash drain of \$1,350,000.

But replace and maintain we must, or face even heavier costs in the future.

(d) ENERGY

A hospital is a big user of energy, for heating, for air-conditioning, for elevators, for lights on a 24-hour basis, for hundreds of pieces of equipment from computers to small instrumentation. In New York, unfortunately, energy rates are among the highest in the country. We didn't help create OPEC!

(e) OTHER EXPENSE ITEMS

No household in America has been spared the inflationary costs of food, clothing, and just about every item one could name. Neither have the hospitals, even though every cost control possible may be exercised.

(f) TESTS

Proliferation of diagnostic tests has been the subject of much reasonable criticism. Some critics have claimed that these are used to create "profits" for hospitals, others that too many of them are raising hospital costs.

"Utilization Review" in this Hospital is constantly reviewing this area of possible cost inflation, and we believe this is not a problem here. However, one of the very few ways a defense in many "malpractice suits" can be mounted is through the "medical record" of a case and "tests" are essential thereto. Thus, in many areas the cost of uncontrolled "malpractice" spreads beyond that of the insurance costs alone.

(g) OVERHEAD

Lastly, we should not forget the sharply rising costs which the huge layers of bureaucracy at every governmental level are creating, and which are being charged to the aggregate "cost of health care." The proliferation of reports, presentations, analyses, answers to questionnaires on all manner of semi-practical or purely esoteric studies, and figure compilations have created an ever-increasing body of bureaucratic employees and thus more supervisors, further increasing costs to the taxpayer. BUT, of even worse effect, these have forced institutions such as ours materially to increase personnel just to comply with all of this mass of paperwork. This inflation cannot help but match the rise of other "general" inflation.

Many worry about covering our land with roads and buildings. I worry about where all the filing cabinets are going to be put, and I shudder at the overhead costs (aside

from many other sound objections) which we would have to bear as a nation if current "national health insurance" proposals were to be enacted into law.

Thus, obviously no one of us is optimistic enough to think that we can stop the onslaught of bureaucracy or the political costs of health care or the legal system which is causing the extremes of the "malpractice" situation, but it should not be too much to hope that third party payors (Blue Cross, Medicare, Medicaid, etc.) stop the wasteful practice of paying hospital costs on a "per diem basis," and turn to a more defensible "case-basis." Such a system would benefit hospitals which have reduced and continue to reduce the average patient's stay (as has The New York Hospital, from 14 days to under nine days in this decade); it eliminates the temptation for some hospitals to extend patients' stays; and it should cut costs, while admittedly in some places making more beds become "excess."

Happily, we see some hope, in an experiment which we are carrying out with the State of New York's Office of Health Systems Management, looking to just such a program.

Nursing School

Sadly, this marks the last academic year of the undergraduate nursing school, which has been in operation for 101 years. Its closing was not a decision easily reached, but conditions totally beyond the control of both Cornell University and The New York Hospital forced our hand. We deeply regret its closing; we know the School has served extremely valuable purposes; and we still expect that a

way will be found to continue some form of graduate nursing education.

Dr. Eleanor C. Lambertsen, who has been dean of the School of Nursing, will now devote her entire attention to bringing about further improvement in the Hospital's nursing services so vital to the provision of high-quality patient care.

People

Relatively few changes have occurred on our Board of Governors since the last annual report. Harold Weill became a Life Governor, but remains an active member of important committees. His interest in the pediatrics activities of the Hospital has been wonderfully supporting.

As this Report was nearing completion, we were saddened to learn of the death in San Diego, California, on March 16, 1979 of Life Governor Louis M. Loeb who served The Society with distinction and dedication over a span of nearly 30 years. Elected Governor on February 7, 1950, Mr. Loeb thereafter accepted appointments to various committees of the Board, where his talents were particularly useful in helping to conduct the affairs of the Hospital. His wise counsel will be missed.

Elected to our Board on March 6, 1979 was Maurice R. Greenberg, chairman of the American International Group, one of the world's largest insurance company groupings. His business record and ability will contribute greatly to our operations.

The Auxiliary, under the presidency of Mrs. L. Patton Kline, has continued to be most helpful, and during 1978, initiated a community newsletter about events occurring at

the Hospital that has had an excellent reception among our neighbors.

An enthusiastic group of men and women, chaired by Ms. Marife Hernandez, a Hospital Governor, has undertaken a broad program of special benefits and public affairs, and of bringing together leaders of New York business, the arts, and government to hear about this Medical Center. This effort already bears promise of being highly successful, as well as beneficial to some of our most important medical programs.

The membership of "The Society of the New York Hospital" has always consisted of close friends of the Hospital, and has been a generous source of annual income. Mrs. Alexander T. Daignault has taken charge of this effort, hopefully to expand its membership, to make it more active in the affairs of the Hospital, and to become a means of interesting the members in the variety of activities carried out in the institution.

The committee system which the Board of Governors established two years ago is working well. Unlike many institutional Boards, most of the members of our Board have become increasingly active in all facets of the Hospital's activities through membership in this active committee system. Thus, the many skills of our Governors are being brought to bear on the management of the Hospital, on the investment policies for the endowed and other funds, on relations with the clinical department heads, on public affairs activities, and on the crucial area of fund-raising. An hour's presentation by one of our clinical chiefs, together with a number of

their division heads, is made once a month, in connection with the monthly Board meetings. This has been uniformly well done, and very informative to our Board.

I have attempted to show the problems which Hospital management confronts in trying to maintain financial equilibrium, in the face of shifting prospective reimbursement rates, (which the reimbursement agencies attempt to establish for all hospitals in advance) and economic trends that cannot be forecast and that are beyond our control.

It often appears that the better managed are the worse punished.

Thus, a non-profit voluntary hospital such as this one is forced to depend every year on using funds from its rapidly dwindling endowments, and on the generosity of its hundreds of contributors who want to see The New York Hospital continue its tradition of the highest quality health care. To them we are ever grateful.

For entirely different basic reasons, but with the same unfortunate results, Cornell University Medical College struggles to avoid steep deficits in its annual operations. Our country cannot afford to lose such hospitals or educational centers, which are the leaders in providing the finest education, research and patient care available.

Thus, our Center's needs for new funds are acute. We need them to replace old facilities, to provide new and better diagnostic facilities, to make it possible to get faster results of radiological and laboratory tests, to start replacing older in-patient facilities, to upgrade and expand es-

sential research laboratories and teaching facilities, and to keep pace with the rapidly developing world of medical science and its improvements.

The "Third Century Fund" is directed to the funding of many of these needs; the "Annual Giving Programs" essentially help to keep us on an even financial keel; and Special Gifts for programmatic purposes make it possible to maintain this Center's leadership in so many medical disciplines.

To those who have given and to those who plan to give for these objectives, I give my thanks, and am joined by the Board of Governors and the Trustees of the University.

Conclusion

I cannot close this report without a few words of praise and thanks for all who have made it possible for the Hospital to improve in so many respects during the year 1978.

Particularly praiseworthy has been the very professional and businesslike management team led by Drs. Thompson, Platt and Lambertsen and Mr. Julius D'Elia.

We continue to depend on over 5,000 devoted colleagues who together aim to provide only the highest quality of care from a patient's admission to his departure, and to our outstanding professional medical and nursing personnel.

Respectfully submitted,



Stanley De J. Osborne

The objective of cost containment in the health-care industry looms ever larger on the national scene. Cost containment legislation has been introduced into both houses of Congress over the last several years. No laws have been enacted, but the debate continues.

In the meantime, the hospital associations and medical societies have organized a voluntary effort to reduce the rate of escalation of health-care expenditures. After one year the voluntary effort has been successful in reducing the escalation of hospital costs by more than two percent, from about 15 percent a year to less than 13 percent a year. State regulatory agencies point out that they have de-escalated the cost increases and have had as great an impact, if not a greater impact, on controlling costs. There is merit to this claim, but the important matter is the results, and they are favorable. Many U.S. Senators and Representatives believe the voluntary effort should continue and that federal legislation is not needed unless the effort falters.

Big business and labor have expressed increasing concern about the rising costs of health-care benefits, because the premiums have escalated as fast as the expenditures mentioned above. One executive at General Motors stated that the cost of health benefits for employees exceeded the cost of steel in a GM car. This remark galvanized business leaders, who examined the situation in their companies and became alarmed. Large labor unions saw some of the dollar

gains of contract settlements going into fringe benefits rather than into paychecks. Having previously concentrated on promoting National Health Insurance, they now joined forces with management in seeking less expensive ways of providing health care. In Detroit three major automobile companies and the major unions have jointly proposed a health-care plan to cover their employees and other citizens of Detroit.

Prepaid health-care plans are being formed because they appear to be less expensive than fee-for-service plans. In common parlance, such prepaid plans are called HMO's (Health Maintenance Organizations). The basic concept is payment of a premium which covers all health care in doctors' offices and in hospitals. Because the sum of money obtained must cover all care, there is an incentive to treat patients outside the hospital, as hospital care is more costly than ambulatory care. Hospitals and physicians have been less than enthusiastic about prepaid plans, because they are at risk. Thus, the HMO movement has not swept the nation, and now covers about seven percent of the population.

In the years ahead we will see intense competition among various plans to provide comprehensive health-care benefits, and the spotlight will be focused on the costs of the plans. Both physicians and hospitals will be affected by these developments. Since major emphasis will be placed on reducing hospitalization, bed occupancy—and, with it, hospital revenue—may decline. This will lend impetus to the closing of hospitals and reduction of

Transplant surgery



beds in surviving hospitals. Physicians' fees will be affected, as prepaid plans provide fixed amounts of premium income for paying physicians as well as hospitals.

Alternatives to present methods of reimbursing hospitals are under intense scrutiny. The present system of per diem payment not only provides a financial incentive to prolong length of stay, but forces hospitals and regulatory agencies to spend large sums to monitor hospital admissions and to reduce length of stay in acute-care hospitals. Payment per admission would reverse the financial incentives for prolonging hospitalization and would bring the objectives of utilization review and economy together. An additional feature of payment per admis-

sion should be to relate payment to the specific diagnosis of the individual patient. Such a payment method would allow teaching hospitals, which admit high percentages of complex medical problems, to be paid specifically for the types of patient problems they treat. This approach to payment would also focus attention on costs of care for specific diagnoses.

The averaging of all cost of care in hospitals has focused attention on "high cost" vs "low cost" hospitals. It is important to delineate the costs of caring for the various types of illnesses. The data accumulated at The New York Hospital for the past seven years demonstrate a wide variation in cost depending on the complexity and the severity of the illness. For example, an uncomplicated delivery costs \$1000, whereas an open-heart surgical procedure for correction of damaged

heart valve costs \$10,300. Data from several teaching hospitals are being accumulated to compare costs per diagnosis. In the next year data from large and small hospitals in different parts of New York State will be compared, and better insights into costs will be available. Such information should allow us, for the first time, to assess costs of care on a more rational and specific basis. The results should have a bearing on planning. We should learn more about the economics of regionalization of hospital care and the financial consequences of consolidating tertiary care and developing an appropriate division of effort among all types of hospitals.

Care of ambulatory patients in hospitals comes in for criticism from many quarters as over-expensive and lacking in grace. While some of the criticism is justified, it must be remembered that many patients do not have private physicians and turn to the hospital for all of their care. At the heart of the problem is the failure of most third-party payment plans to cover ambulatory care. The "working poor," who have incomes above the Medicaid level but are unable to pay for some or all of their care, turn in large numbers to voluntary and municipal hospitals, which absorb large financial losses in providing care in their clinics. Though financial problems will continue until ambulatory care is included in all third-party payment plans, we believe we can improve the continuity and the grace and efficiency of care of all ambulatory patients. Many hospitals, includ-

ing The New York Hospital, are addressing this problem through the institution of single system care, the development, that is, of a system in which each patient is under the continuous care of a private physician. The appropriate clinical departments at The New York Hospital are currently making plans for the institution of such a "one-class" system over the next one to two years.

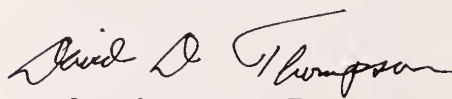
New facilities will be required to accommodate ambulatory care and diagnostic laboratories. Present clinic space is inadequate and unsuitable for doctors' offices. Many diagnostic and other clinical support services are woefully short of space to provide for both ambulatory and in-patient needs. Some of the vital ancillary-service departments have not acquired additional space since the Hospital opened in 1932. Though new technology has permitted an increased volume of tests to be performed in available space, we have reached a limit and cannot function effectively and efficiently in overly cramped quarters. Plans for additional space will be submitted to the various local and state agencies in 1979. In the interest of cost containment, such agencies are increasingly prone to question the expenditure of capital funds; we believe, however, that our needs are essential to maintaining high-quality care and that our plans will stand the close scrutiny they will certainly get.

We are developing a master plan for all of our needs for the foreseeable future. We know that we will need to

modify some of our in-patient pavilions which are overcrowded. We will need to provide additional housing and accommodations for ambulatory patients and families of patients. All of these needs and others which can be predicted will be included in our master plan. Governmental agencies are urging us to develop a long-range plan so that they can view requests for individual projects in relation to an overall plan. Although one cannot fault the logic of this, long-range plans have a way of changing in light of new knowledge and shifting priorities. We hope that the approval process will not be overly long and that the financial resources will be found to permit us to initiate our building projects within the next one to two years.

Rapid changes in the health care system are upon us. Not all of them will be to our liking, but I am confident that we have the capable individuals in this institution who will maintain our high standards and who will see us through the changes which will surely occur.

Respectfully submitted,



David D. Thompson, M.D.

Progress in Patient Care and Research

By David D. Thompson, M.D.

Rounds for a new physician-in-chief.



For The New York Hospital, 1978 was a time not only of progress but of renewal. It was a year of new people and programs that will affect patient care here for years to come, of renewed commitments reflecting the great diversity of our endeavor. The New York Hospital has concerns and commitments that are local, regional and national—all three; the developments of the past year testify to the seriousness with which we regard *all* of these aspects of our work.

To many New Yorkers we are first and foremost a community hospital, the first place to go in the event of illness or injury. During 1978 the Hospital undertook important initiatives in the ambulatory-care and emergency-care programs that are of such vital interest to many of the people in our neighborhood. In addition, our “outreach” programs of service to the community continued to grow.

To medical professionals throughout the New York Metropolitan Area, we are a major regional care center, with special capabilities for treating difficult and complex conditions. During 1978, we put into operation a new program to facilitate the process of consultation and referral between The New York Hospital and smaller community hospitals throughout the region who have need for the advanced medical services we can provide.

The past year, too, was one of important new appointments to our professional staff, notably of a new physician-in-chief who combines a strong commitment to excellence with a pronounced penchant for innovation.

Finally, 1978 was a year like any other at The New York Hospital—a year of advances in patient care and research that were so numerous that



*Outpatient clinic:
waiting for the help at hand.*



only a fraction of them can be mentioned in this report—progress in treating childhood blood diseases, in probing the mechanisms of life-threatening blood clots, in improving organ transplantation, in caring for seriously burned patients, as well as in many other kinds of research that go on continually at this Medical Center.

A Commitment to the Community

The provision of outpatient, or ambulatory, care through the clinics of The New York Hospital has traditionally been an integral part of the Hospital's service to the New York community, particularly the part of that community adjacent to the Hospital. The people who use our clinics do not frequently have private doctors and rely on the Hospital to furnish care for the full range of illnesses to which they fall prey.

Although we have never doubted the excellence of the medical care provided in our clinics, we have for some time been aware of several deficiencies in the clinic system. Principal among these is the lack of continuity of care, the fact that no one physician assumes responsibility over an extended period for the care of the clinic patient. Thus, a patient who makes repeated visits to a clinic may find himself being examined by a different doctor each time. This lack of continuity may hold, too, if a clinic or emergency-room patient is admitted to the hospital. Although the caliber of our medical staff would insure that the patient received good care, the patient would lack the security of having a doctor he could look to as his.

One reason this situation has been unsatisfactory to us is that it means that a dual system of patient care is in effect at the Hospital—one for those

who are private patients of the Hospital's attending staff and another for those who are not. For some time, therefore, we have been developing plans to institute a single system of care in both the inpatient and outpatient operations of the Hospital.

During the past year plans to institute such a system have been given great impetus with the arrival of Dr. Hibbard E. Williams as the Hospital's new physician-in-chief. Indeed, with a strong boost from Dr. Williams, plans have moved ahead quickly for a new system, and we now foresee its institution on a modest scale in mid-1979.

The new single-system program will entail the establishment of a number of mini-firms. Each mini-firm will consist of a member of the Hospital's attending staff and three or four physicians from the graduate medical staff. Patients coming to the general medical clinic will be assigned to a mini-firm, which will thereafter be responsible for the patient's care in the same way in which a private doctor is responsible for the care of his or her patients. The attending physician who heads the mini-firm will initially derive his entire practice from clinic patients, and he or a member of his team will be available for consultation 24 hours a day. Attending physician and team will also assume responsibility for patients if they require admission to the Hospital.

In addition to adding a new dimension to ambulatory care, the new system will provide an improved setting for the training at The New York Hospital of primary-care (or general-care) physicians. In recent years we have heard a great deal about the need for primary-care physicians in

A mother's concern.



our country, and we have also heard much questioning of teaching hospitals as proper settings for the training of such physicians. The new system will provide training in a setting quite similar to that which a young primary-care physician will encounter when he sets up a practice. By its institution, The New York Hospital is not only providing improved medical care for many in our com-

munity but, we hope, furnishing a model for teaching hospitals in filling a widely perceived national need.

Although I have focused on the specific plans of the Department of Medicine, discussions have been proceeding with all clinical departments with the aim of instituting single-system care throughout the hospital within the next two years. In this

regard, it gives me pleasure to note that our new obstetrician- and gynecologist-in-chief, Dr. William J. Ledger, who assumed this position on January 1, 1979, is also strongly committed to a single system of ambulatory and inpatient care.

The upgrading of our ambulatory care system and the establishment of single-system care represent an important part of the Hospital's program of service to the community. Of course, that program has another major aspect: we not only render care to those who come to us, but go out into the community to provide a variety of medical services. This "outreach" facet of our work has steadily expanded in recent years, and it continued to grow in 1978.

A significant part of our outreach function is expressed through services for the elderly. Some 35,000 persons over 65 years of age live in the Hospital's area of primary service, which extends from 59th St. to 96th St., east of Fifth Avenue. Senior citizens constitute some 18 percent of the population of this area, as compared to an average of 12 percent for the country as a whole and 14 percent for the entire city. For some years the Hospital has been responding to the medical needs of the elderly by maintaining a satellite clinic at the Stanley M. Isaacs Houses on East 93rd St., by providing services at community centers and even by making personnel available for home calls where necessary. Additional service has been rendered by our Auxiliary, and is detailed by the president of that excellent organization, Mrs. L. Patton Kline, on page 32 of this Annual Report. It is a further index of the Hospital's commitment to the senior

Home visit in the community.

citizens in our community that Mr. Michael Weisel, the Hospital's coordinator of community relations, was last year elected chairman of the East Side Council on Aging and chairman of the steering committee of Voluntary Services for the Elderly of Yorkville.

This concern for the health problems of the elderly gives special appropriateness to the fact that The New York Hospital-Cornell Medical Center last year became the first center in the country to fill an endowed chair in geriatrics and gerontology. Dr. Marc Weksler, attending physician at the Hospital accepted appointment as Irving Sherwood Wright Professor of Geriatrics and as head of a newly established division of geriatrics and gerontology. The chair was established through a one-million dollar gift from the Gladys and Roland Harriman Foundation in honor of Dr. Wright, physician and close friend to the Harriman family, attending physician at the Hospital and one of the nation's most vocal advocates of training in geriatric medicine for physicians.

Dr. Weksler has already gained a national reputation for his research on the relationship between the aging process and the body's immune (disease-fighting) system. With Dr. Robert A. Good, president and director of the Sloan-Kettering Institute for Cancer Research and attending pediatrician at The New York Hospital, Dr. Weksler is currently heading a \$1.4 million study of the immunology of aging. In addition, as Harriman Professor and head of the Center's division of geriatrics and gerontology, he has assiduously been making contacts with community groups and with the Department for the Aging of the City



of New York to determine what the unmet health needs of the elderly in our community are and how different departments of the Hospital can be used to meet these needs.

Another department that continues to expand its community involvement is the Department of Psychiatry, under Dr. Robert Michels. A program addressing the perennial problem of alcohol abuse in the community continued to grow last year through the vigorous leadership of Dr. Robert Millman, clinical affiliate in medicine and assisting attending psychiatrist. The department is also addressing itself to a problem that confronts many communities across the nation, namely how to provide support for mental patients who have been discharged from state and county institutions as part of a recent trend toward de-institutionalization. At The New York Hospital—Westchester Division an agreement was concluded late last year with

the State of New York to furnish community support services for many of the mentally ill in that community. At Payne Whitney Clinic, a pilot program was launched to develop basic social skills in a select group of individuals in the community with histories of severe and chronic mental illness. Under the direction of attending psychiatrist Dr. John Talbott, one of the nation's foremost authorities on chronic mental illness, the program seeks to demonstrate that regular rehabilitative care on an outpatient basis can not only help maintain chronically ill mental patients outside an institution but can bring about a significant improvement in their condition.

Calling R-E-F-R

Last August at 8:00 one evening a call came into a special telephone number that had been recently established by the Hospital, a number consisting of the Hospital's exchange

*At a regional center,
emergency arrivals come
by air as well as land.*



followed by the letters R-E-F-R. The call, from a doctor at St. John's Episcopal Hospital in Smithtown, Long Island, about 75 miles from the city, concerned a woman 22 weeks pregnant with twins who had gone into labor and was bleeding. It was a difficult condition to handle, and the doctor at St. John's wanted to discuss the advisability of transferring the patient to The New York Hospital.

Put in touch with one of a panel of doctors who are on call for such emergencies, the physician in Smithtown made the decision to have his patient transferred. Necessary arrangements were quickly made to have the patient airlifted by helicopter from Smithtown, to have her transported by ambulance from heliport to hospital, to have her admitted immediately upon arrival here. At 10:30 p.m., two and a half hours after the call was made from Smithtown, the patient occupied a bed in The New York Hospital and was being seen by a member of the attending staff.

For quick action in this case and in other cases equally urgent during the past year, credit must go to the Medical Center's new office of affiliations and patient referrals. Established in February 1978 under the direction of Dr. Albert Rubin, attending physician at the Hospital and director of our Rogosin Kidney Center, this new office provides a ready means for affiliated hospitals and health-care organizations to consult with members of the Hospital's professional staff and, if necessary, to refer patients for admission to the Hospital.

During the past year the Hospital concluded affiliation arrangements



with LaGuardia Hospital in Queens, as well as with St. John's Hospital in Smithtown, and we look forward to more such agreements during the current year. In addition, an agreement was reached with HIP, a health maintenance organization in the Greater New York Area, to provide emergency services on evenings and weekends, as well as to furnish special service in clinical cardiology and cardiac surgery, nephrology, neurosurgery, pediatric surgery and vascular surgery.

At a time when public attention is frequently drawn to underutilization of hospital beds, the benefits of our new affiliations program are obvious. Our new affiliation with LaGuardia

Hospital, for example, promises to bring us a substantial number of pediatric referrals, a circumstance that will allow us to use to best advantage the excellent new pediatric facilities that I wrote about in last year's Annual Report.

Ultimately, of course, the only justification for such a program is the benefits it provides in patient care. In the case of the Smithtown patient to whom I have alluded, for example, a potentially disastrous situation was brought to the most satisfactory of conclusions. A sonogram disclosed the true dimensions of the problem; the premature labor was stopped by means of intravenous administration of alcohol, (a clinical technique pioneered at this Hospital which may soon give way to a possibly better therapy currently being investigated here) and the patient was discharged. When, four weeks later, now in her 26th week, she went into labor again, she was again transported to The New York Hospital, this time to have her twins delivered in proximity to our excellent neonatal intensive care unit. The survival rate of live-born infants under three pounds has doubled at this Hospital during the past 15 years, and cases that were once considered a long shot are today just short of routine. The twins were delivered by Cesarean section, and were successfully maintained in the neonatal intensive care unit. At last word, mother and twins, long since discharged, were doing fine.

Consultation, as well as referral, is an important part of the back-up process we provide. Beyond facilitating consultation in emergencies, the office of affiliations is working to set up

exchange programs for the purpose of physician and staff education. Under this program physicians from the local hospitals visit The New York Hospital and physicians from the Hospital visit affiliated institutions with two principal aims—to improve the treatment of certain complex or difficult conditions at the affiliated hospitals and to insure timely referral of these difficult cases, where conditions warrant it.

In the broadest sense, the establishment of the Medical Center's office of affiliations and patient referrals represents an outgrowth of the rationalization of health services that has been taking place across the country during the past decade, in which regional centers are designated for the treatment of unusual and difficult conditions. In that sense we regard the establishment of our referral office as a development of considerable impor-

tance not only to the Medical Center but to the future of rational health care in the New York region.

Toward More Successful Transplants

One of the great developments in American medicine during the last two decades has been the tremendous advance that has been made in the treatment of kidney disease. In 1960 the outlook for many patients afflicted with serious kidney disease was nothing less than grim. Today, through the enormous progress that has been made in dialysis (the cleansing of the blood by machine) and in kidney transplantation, the outlook for such patients is enormously improved. It is a great source of pride to us at The New York Hospital that our Rogosin Kidney Center has been in the forefront of progress in this field.

Despite the advances that have been made, substantial problems remain. For one thing, dialysis continues to be an expensive and often inconvenient means of therapy. One way of minimizing both expense and inconvenience is by training patients to dialyze themselves, either at home or at a hospital, and at the Rogosin Center this is done whenever possible.

Kidney transplantation, of course, obviates the need for dialysis and is currently the best hope for kidney patients. Unfortunately, there are problems here too: a substantial number of transplants fail because the patient's body—in particular the immune system—rejects the donor kidney. The rejection rate has been particularly high in so-called cadaver-kidney transplants, that is, in cases in which the donor kidney comes from

*Emergency medicine—
where speed is as important as skill.*





Dialysis at home.

an individual with no familial relationship to the patient.

Given this high rejection rate, it is particularly exciting news that clinical trials of a new therapy at The New York Hospital have resulted in a greatly increased rate of success in cadaver-kidney transplants.

In the trials in question a substance recovered from the blood of pregnant women may be working to suppress the transplant recipient's immune rejection apparatus. Students of the immune system have for years been intrigued by the fact that a pregnant mother fails to reject the child within her. The unborn child within the mother is foreign to her in much the same way that a transplanted organ is foreign to the host in whom it is implanted. What prevents the mother's immune system, then, from rejecting the unborn child?

Theorizing that a substance that prevented rejection of a fetus might also prevent rejection of a transplanted kidney, in 1973 a group headed by Dr. Robert R. Riggio, associate attending surgeon and physician, began a clinical investigation using a serum fraction recovered from placental blood carried along with the "afterbirth." This material—known as retroplacental source gamma globulin, or RPGG—had been in use for many years in treating a particular immune deficiency, so the researchers, started with the important knowledge that it was safe for patient use. Patients received injections of RPGG just before and immediately after transplantation, then periodically over a year's time. The results, published last February in the prestigious journal *The Lancet*, compared the rate of survival of transplanted kidneys in

two groups of patients—one group who received standard drug therapy to suppress the action of their immune system, and another group that received standard drug therapy plus RPGG. The group that received RPGG had more than twice the rate of kidney survival as the group that received only standard drug therapy. Even more exciting, those results have already been surpassed in subsequent work. Through refinements in technique, the survival rate using RPGG and pre-transplant blood transfusions has been increased to almost three times the survival rate with standard immunosuppressive therapy!

Plans for the future fall into two general categories. At the clinical level, the group has distributed RPGG to other transplant units both in the United States and abroad in the hope that their evaluation of RPGG will confirm the promising results at The New York Hospital. In the laboratory, the group is continuing its investigation of the properties of RPGG, hoping to isolate the active factor or component that produces the desirable effect that has been noted. Possibly such research will lead to improved understanding of the immune system that would be helpful in the treatment of a whole range of diseases.

Hematology—Progress on Several Fronts

The blood system in its normal and abnormal modes of functioning is the object of intense investigation at the Medical Center. In the past year there has been exciting and encouraging news to report.

Undoubtedly, the most heartening news is that a breakthrough may very well have been made against a tragic

inherited blood disease called thalassemia, or Cooley's anemia. Found most commonly among children of Mediterranean origin, striking an estimated one in 2500 individuals of Greek and Italian ancestry, thalassemia is a condition that leads to severe anemia which, if not counteracted by blood transfusions every two or three weeks, causes death within the first years of life. Unfortunately, the numerous transfusions needed to save the lives of young victims of the disease are a double-edged sword: in time they cause an overaccumulation of iron in the body that until recently almost invariably insured death by the age of 15 or 20.

At The New York Hospital, the oldest and largest program in thalassemia to be found in the United States is supported by the Children's Blood Foundation, under the leadership of the Hospital's Life Governor Harold Weill. For the past several years, the Division of Hematology-Oncology, Department of Pediatrics (which division is supported in full by the Children's Blood Foundation) has been studying the drug desferrioxamine. Long considered to have potential as an agent to rid thalassemia patients of excessive iron, the drug proved ineffective when administered by injection. Within the past few years, therefore, efforts at this Center have focused on developing a technique to infuse the drug continuously over many hours rather than through a single injection. Patients have been trained to strap a battery-operated pump to their hip at bedtime and insert a needle beneath the skin so that the desferrioxamine can infuse slowly into their systems while they sleep.

*Thalassemia patient:
transfusions don't hamper a teen appetite.*



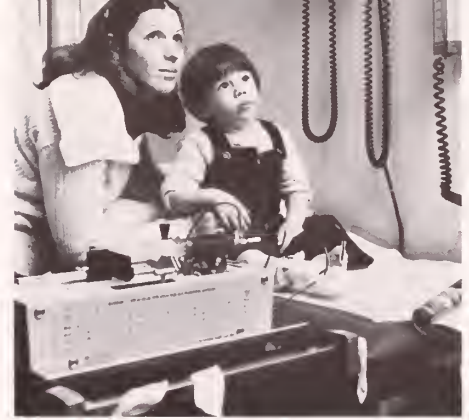
Results have been dramatic. The death rate of thalassemic patients at The New York Hospital has fallen from the four or five per year that would normally be anticipated to zero. Moreover, there has been a general improvement in cardiac and liver function, and among several ill patients there has been a marked decrease in pain experienced in bones and joints. Four young patients who were previously confined to wheelchairs are now walking without pain.

The new therapy will certainly not be the last word in the treatment of thalassemia. Scientists must continue to monitor its effects, and wearing the pump remains an inconvenience. Eventually, it is hoped, a drug will be developed that will be effective taken orally. In the meantime, however, an enormous step forward appears to have been made in the treatment of this dread disease. In a real sense, victims of thalassemia have been given a future they never had.

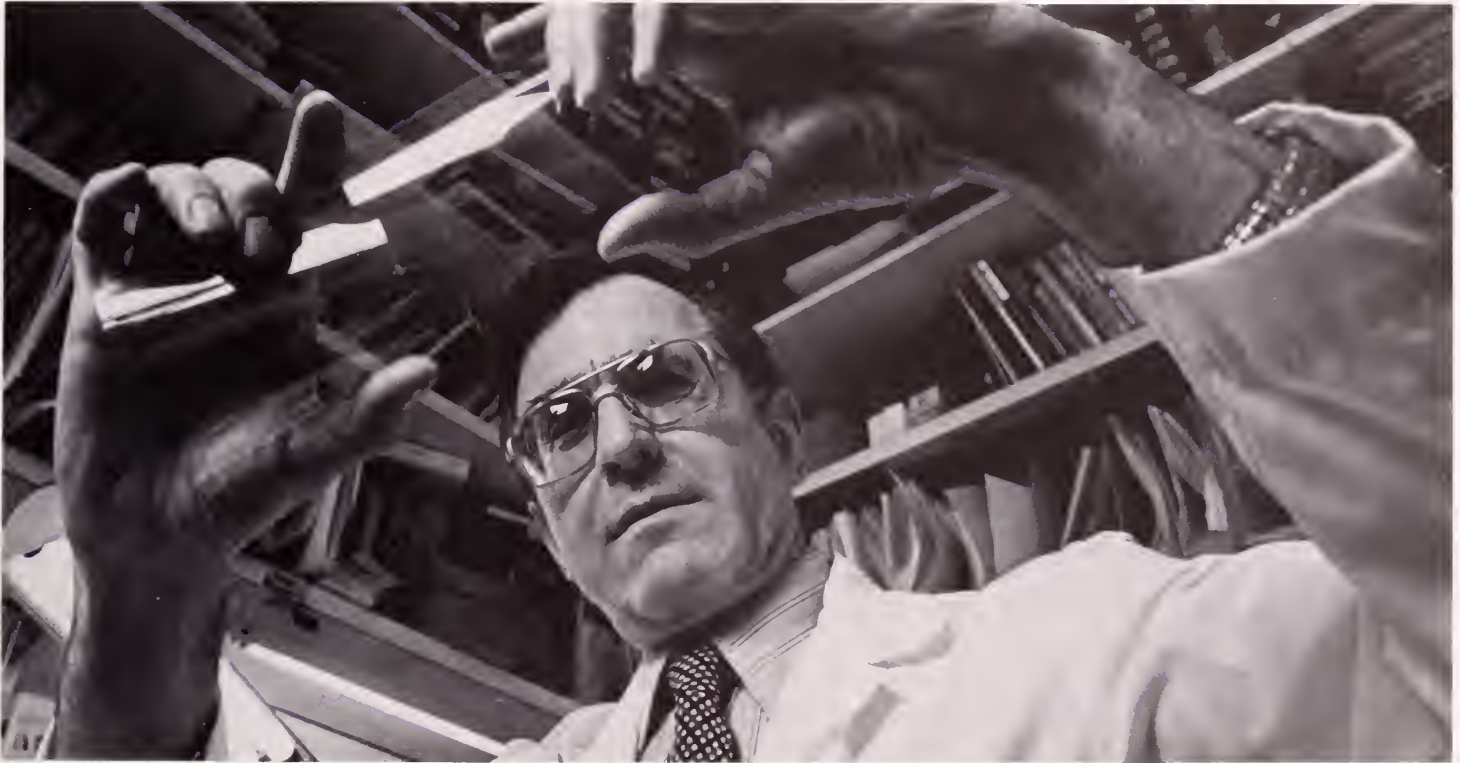
Another important discovery to emerge from the research of the Division is a promising new therapy against lead poisoning, a disorder that so frequently afflicts young children in the inner cities of our nation. Studies of a new drug known as DMS have shown it to be greatly superior to the drug therapy now currently employed in cases of lead poisoning. Indeed current therapy, which involves a series of 60 to 80 doses of two drugs administered in separate deep intramuscular injections, is so great an ordeal and has such racking side effects that only severely poisoned children are treated, leaving others at risk of neurological complications.

Studies of DMS in the laboratories of the Division have shown it to be as

Young thalassemia patient and mother (right) keep close watch on "Sesame Street" during transfusion.



Below, hematology research, Department of Medicine.



effective as the drugs currently in use and 30 times less toxic as well. Clinical trials held in conjunction with physicians in a lead-mining town in Yugoslavia have also been encouraging, even though DMS still has not been approved for use in the United States and more studies remain to be performed.

In addition to this clinical research, the Medical Center boasts a vigorous program in basic hematology research, a particularly successful feature of which is research into the phenomenon of coagulation. Studies of coagulation have shown it to be a highly subtle and complex process, in which blood components "communicate" through a chemical language. Understanding that language and its relationship to a whole range of disorders from hemophilia to heart attacks has

been greatly advanced by work in the Department of Medicine's Division of Hematology-Oncology, headed by Dr. Ralph Nachman. The outstanding work in this Division, as well as in the Department of Pathology, has earned Cornell University Medical College the designation as a special center of research (SCOR) in thrombosis, one of only three centers so designated by the National Institutes of Health.

One of the discoveries to emerge from the work of the Division is the importance of endothelial cells—the cells that line blood vessels—on the coagulation process. Recent research has shown that these cells synthesize a chemical, prostacyclin, that inhibits blood particles called platelets from clustering, and thereby inhibits coagulation. The researchers also showed that the enzyme thrombin,

which helps produce clotting, stimulates the production of prostacyclin by the endothelial cells. Thus a mechanism to limit clotting in cases of blood vessel damage has been elucidated, a mechanism that appears to play an important role in averting life threatening blockages of the vessels.

Other research concerns the substance known as alpha-2 macroglobulin, which, recent studies here have shown, lines the exposed surface of endothelial cells. Apparently alpha-2 macroglobulin helps avert damage to endothelial cells, damage which could create chemical imbalances leading to blockages of vessels. Another recent advance is the development of a technique to culture megakaryocytes—the large cells in the bone marrow that break up into platelets. This promises to provide an important

Skin Bank technician.



new means to study platelets and the roles they play, many of which have come to light only within the past decade.

Through advances like these, a picture is emerging of the delicate chemical balance that governs coagulation and how that balance can get upset to lead ultimately to heart diseases or strokes. In the near future, Dr. Nachman and his colleagues expect to put their laboratory findings to the test in a clinical setting. They will measure the level of chemicals affecting coagulation in patients who have recently had heart attacks or who suffer from various cardiovascular disorders. The time may not be far off when potentially dangerous chemical imbalances can be detected long before they do serious damage and when drug therapies can be devised to correct them.

Burn Center—Year Two

The New York Hospital-Cornell Medical Center Burn Center continues to grow as a clinical facility and as an influence on fire safety and burn care. Two hundred ninety-four burn patients were admitted last year, over one-third more than were admitted in 1977. The majority had sustained burns over 20 percent or more of their bodies, and the importance of having a facility like ours to treat such patients was underlined by a study last year of clinical results at the Center. This study of the first 500 admissions to the Burn Center following its opening in December 1976 revealed survival statistics significantly better than those previously reported from any other major center—a record that constitutes a tribute not only to the doctors but to the nurses and other personnel who do so well the exacting and demanding work they have chosen.

A highlight of the Center's operations last year was the opening on March 28 of a skin bank, the first such facility in either the metropolitan area or New York State. Officially known as the New York Firefighters Skin Bank, in recognition of the substantial contributions made toward its establishment by the New York Firefighters Burn Center Foundation, the bank furnishes grafts for patients who are burned so extensively that they cannot furnish skin for self-grafting. Skin is stored in the bank at extremely low temperatures for long periods, and, although the grafted skin is ultimately rejected by the patient's body, it helps

*Young burn victim:
the road to recuperation.*





Teamwork the Burn Center way.



meanwhile to prevent infection and to maintain a normal temperature and balance of fluids in the body. The grafted skin also promotes healing by stimulating the growth of blood vessels in the burned area.

Although building up a substantial supply of skin takes time, the skin bank was able to make a substantial contribution to burn care even in its first year, furnishing grafts for 36 seriously burned patients. The grafts helped save the lives of young and old alike—of a five-year-old boy with burns on his head, neck, face, upper arm and side, of a 22-year-old man with burns over 44 percent of his body, of a 76-year-old woman with third-degree burns on her face. In one particularly dramatic case, 10 square feet of skin helped save a badly burned young girl hospitalized on Long Island. A case like this suggests the importance of this new facility to burn victims throughout our region.

As magnificent as this clinical record has been, the life-saving function of the Burn Center extends well beyond the care it provides for its patients. At least as important to the general welfare are the extensive educational programs that the Center's director, Dr. P. William Curreri, and his colleagues have developed. More than 70 lectures were presented last year by Burn Center staff to hospital staffs and medical societies in the New York Metropolitan Area. In addition, the Burn Center presented a one-day symposium on new clinical and research developments in the treatment of the burn patient that attracted more than 400 physicians.

Public education is also an important part of the Center's work. Last October, the Burn Center, in cooperation with the New York City Fire Department, The New York Firefighters Burn Center Foundation and the Metropolitan Life Foundation, sponsored the first New York Hospital Burn Center Prevention Symposium. Held at Randalls Island, in the East River, the symposium attracted some 700 people, including representatives from volunteer ambulance corps, fire departments, New York's Emergency Medical Service, police, and civic groups, as well as health professionals concerned about burn prevention and the handling of fire emergencies. The program included lectures and workshops by a nationally renowned faculty and demonstrations of modern fire-fighting, triage and medical-evacuation techniques.

Finally, the Burn Center continues to develop as a research facility. Beginning this year, it will be the beneficiary of a research grant, amounting to about \$400,000 a year, from the National Institute of General Medical Sciences of the National Institutes of Health. One of only three federally designated burn research centers in the country, the Center brings together investigators from the departments of surgery, medicine, neurology, pharmacology, physiology and psychiatry to focus on a whole range of problems related to burns and trauma.

What is true for the Hospital as a whole is true for this superb facility: its concerns and commitments are local, regional and national—all three.

Highlights of the Year's Statistics

Services to Patients			Training Program		
	1978	1977		1978	1977
Laboratory Examinations					
Microbiology	250,529	235,051	House Staff	232	262
Basal Metabolism	425	632	Nursing Students Affiliated:		
Blood Bank	144,204	140,587	Undergraduate Students	104	205
Clinical Chemistry	1,359,214	1,122,453	X-Ray Technician Students	37	37
Clinical Hematology	668,339	626,975	Dental Hygienist Students	6	—
Cytology	36,333	37,307	Dietetic Interns	21	21
Radioisotopes Services	28,722	22,617	Physical Therapist Students	24	26
Surgical Pathology	33,339	32,818	Medical Social Work Students	3	3
Miscellaneous	25,806	24,575	Total	427	554
X-Ray Examinations	136,445	139,932	Payne Whitney Psychiatric		
Operations	18,780	18,062	Clinic-House Staff	47	44
Deliveries	3,042	2,865	Westchester Division House Staff	52	44
Electrocardiograms	58,250	52,177	Affiliated Undergraduates	50	43
Electroencephalograms	3,540	3,722	Total	576	685
Social Service Interviews	195,133	193,134			
Physical Therapy Treatments	52,540	53,540			
Transfusions	23,695	22,849			
Pharmacy Prescriptions	1,071,726	1,021,035*			
Record Room-New Case Records	51,102	47,338			
Occupational Therapy Treatments	45,305	34,871			
Recreational Therapy-Pediatrics	121,894	172,776			

(*) Pharmacy prescription totals include data not submitted by Pharmacy Dep't in prior years but which reflect accurate yearly workload.



Patient Care

1978

1977

Patients Admitted

Main Hospital	33,161	31,619
Newborn	3,042	2,865
Payne Whitney Psychiatric Clinic	1,236	1,064
The New York Hospital— Westchester Division	1,149	1,068
	<u>38,588</u>	<u>36,616</u>

Patient Days,

All Divisions Including Newborn	448,651	439,330
Average Daily Occupancy (%)	84.1	83.8
Average Length of Stay (days):		
Main Hospital	9.2	9.4
Payne Whitney Psychiatric Clinic	29.2	32.3
The New York Hospital— Westchester Division	81.5	85.4
All Divisions	11.5	11.8

Day-Hospital Treatments:

Payne Whitney Psychiatric Clinic	3,296	3,090
Westchester Division	10,466	5,275

Visits to Out-Patient Clinics	231,924	247,443
Visits to Emergency Pavilion	47,837	43,898

Distribution of Beds

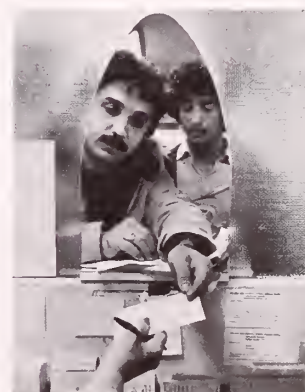
Number of Beds—1978

Private

Main Hospital	124
Obstetrics and Gynecology	29
Pediatrics	5
Total Private	<u>158</u>

Semi-Private

Medical/Surgical	491
Two-Bed (Baker Pavilion)	76
Urology	61
Obstetrics and Gynecology	96
Pediatrics	<u>105</u>
Bassinets	44
Total Semi-Private	873
Payne Whitney Clinic	108
Total New York City	<u>1,139</u>
The New York Hospital— Westchester Division	322
Grand Total	<u>1,461</u>



**Statements of Revenues and Expenses
and Changes in Unrestricted Fund Balance**
For the Years Ended December 31, 1978 and 1977

SCHEDULE I

	1978					1977 Total
	General Operating	Nonoperating	Plant	Board Designated	Total	
Operating Revenues:						
Net revenue from patient care	\$147,437,784	\$ —	\$ —	\$ —	\$147,437,784	\$133,413,244
Revenue from other services	4,819,056	—	—	—	4,819,056	4,418,663
Transfers from specific purposes funds for support of related activities	3,307,030	—	—	—	3,307,030	2,414,921
Total operating revenues	155,563,870	—	—	—	155,563,870	140,246,828
Operating Expenses:						
Compensation and related benefits	105,310,698	—	—	—	105,310,698	94,530,602
Supplies and other expenses	46,313,386	—	—	—	46,313,386	44,122,565
Provision for depreciation	4,008,861	—	—	—	4,008,861	3,544,832
Total operating expenses	155,632,945	—	—	—	155,632,945	142,197,999
Loss from Operations	(69,075)	—	—	—	(69,075)	(1,951,171)
Nonoperating Revenues:						
Interest and dividends	—	2,256,236	—	—	2,256,236	2,022,079
Contributions and bequests— Third Century Fund	—	1,645,459	—	—	1,645,459	1,014,888
Other	—	894,018	—	—	894,018	1,452,777
Net gain (loss) on sale of investments	—	(1,150,371)	—	—	(1,150,371)	(448,798)
Distributions from United Hospital Fund, The Greater New York Fund and Center Fund	—	293,835	—	—	293,835	653,848
Total nonoperating revenues	—	3,939,177	—	—	3,939,177	4,694,794
Revenues in Excess of (Less Than) Expenses	(69,075)	3,939,177	—	—	3,870,102	2,743,623
Fund Balance, beginning of year	23,181,179	—	71,705,360	1,006,810	95,893,349	92,952,634
Transfers from (to) Restricted Funds:						
Portion of fixed asset additions funded by restricted funds	—	—	4,611,482	—	4,611,482	3,741,924
Segregation of assets for plant replacement and expansion required by third party reimbursees	(4,008,861)	—	—	—	(4,008,861)	(3,544,832)
Intrafund Transfers:						
Portion of fixed asset additions funded by unrestricted fund	(747,145)	—	747,145	—	—	—
Support of general operations	8,609,784	(3,937,993)	(4,671,791)	—	—	—
Mortgage payments and other	(800,424)	(1,184)	800,424	1,184	—	—
Fund Balance, end of year	<u>\$ 26,165,458</u>	<u>\$ —</u>	<u>\$73,192,620</u>	<u>\$1,007,994</u>	<u>\$100,366,072</u>	<u>\$ 95,893,349</u>

Statements of Changes in Restricted Fund Balances

For the Years Ended December 31, 1978 and 1977

SCHEDULE II

	Plant Replacement and Expansion	Specific Purposes	Endowments	Total
Balances, December 31, 1976	\$ 817,485	\$20,088,258	\$18,707,264	\$39,613,007
Restricted gifts and bequests—				
Third Century Fund	17,000	1,050,568	35,011	1,102,579
Other	260,439	1,471,748	31,020	1,763,207
Income on investments of restricted funds, required to be used for specific purposes—				
Interest and dividends	49,702	1,026,264	—	1,075,966
Net loss on sale of securities	(26,883)	(195,844)	(496,919)	(719,646)
Transfers from (to) unrestricted funds—				
Portion of fixed asset additions funded by restricted funds	(3,699,343)	(42,581)	—	(3,741,924)
Segregation of assets for plant replacement and expansion required by third party reimbursers	3,544,832	—	—	3,544,832
Support of related activities	—	(2,414,921)	—	(2,414,921)
Balances, December 31, 1977	963,232	20,983,492	18,276,376	40,223,100
Restricted gifts and bequests—				
Third century fund	—	964,351	503,063	1,467,414
Other	39,421	1,794,400	2,000	1,835,821
Income on investments of restricted funds, required to be used for specific purposes—				
Interest and dividends	30,335	1,026,260	—	1,056,595
Net loss on sale of securities	(53,334)	(406,405)	(956,795)	(1,416,534)
Transfers from (to) unrestricted funds—				
Portion of fixed asset additions funded by restricted funds	(4,047,977)	(563,505)	—	(4,611,482)
Segregation of assets for plant replacement and expansion required by third party reimbursers	4,008,861	—	—	4,008,861
Support of related activities	—	(3,307,030)	—	(3,307,030)
Balances, December 31, 1978	\$ 940,538	\$20,491,563	\$17,824,644	\$39,256,745

The Society incurred an operating loss of \$69,075 for the year ended December 31, 1978 an improvement of \$1,882,096 from the operating loss of \$1,951,171 for 1977. Expenditures increased from \$142,197,999 in 1977 to \$155,632,945 in 1978, an increase of 9.4%. Included in 1978 operating expenses is approximately an additional \$1,500,000 for professional liability insurance to provide for the un-

funded deductible of \$15,000 per claim under the self-insurance program which terminated on June 30, 1978. This provision accounted for 1% of the 9.4% increase in expenses. Operating revenues increased 10.9%, from \$140,246,828 in 1977 to \$155,563,870 in 1978.

A total of \$1,893,585 in annual gifts to The New York Hospital and a gift of \$1,700,000 to the Third Century Fund for a major Hospital facility provided a favorable climax to the 1978 development program and an optimistic outlook for 1979. The Annual Giving total represented 15,618 donors, of whom 6,077 were new contributors, providing a broader base for future appeals.

The year was marked by two distinct trends in the development pattern:

- Redefinition of Third Century priorities and more meticulous planning of programs and facilities—by administrators of both Cornell University Medical College and The New York Hospital.
- A pattern of increasing cooperation with neighboring health institutions in projects where mutual advantages exist.

The \$1,700,000 gift was provided by a New York City resident and former well-known newsman, Herman J. Stich, to construct a radiation therapy center in memory of his wife, Hermine Neustadt Stich, who was also a noted writer and newswoman, under the pen name of Jean Newton.

This radiation center has long been a dream of the Radiology Department which now shares facilities with Memorial Hospital because funds have not been available for a separate unit. Escalating demands of both hospitals have made this arrangement increasingly unsatisfactory and it has reached the point where The New York Hospital must have its own radiation therapy center.

The Hermine Neustadt Stich Radiation Center will be constructed on Medical Center land, just north of the

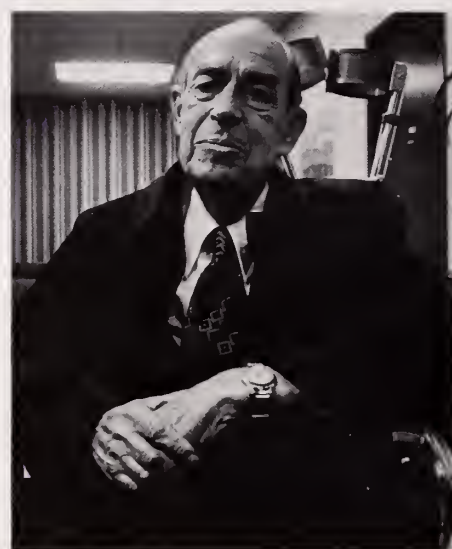
Payne Whitney Clinic and overlooking the East River Drive. Dr. Florence Chien Hwa Chu, chairman of the Department of Radiation Therapy at Memorial Hospital, will be in charge, working with Dr. Joseph P. Whalen, chairman of the Department of Radiology at Cornell University Medical College and radiologist-in-chief of The New York Hospital.

Mr. Stich's gift represents more than one-half of the \$3,000,000 needed to construct the building. The Development Office plans to raise the remaining \$1,300,000, by means of a foundation challenge grant of \$650,000, to be matched by contributions from private donors.

An example of inter-institutional cooperation was a \$225,000 three-year grant made to Cornell by the Sloan Foundation for a joint Cognitive Neuroscience Program for both Cornell and The Rockefeller University, with Dr. Michael S. Gazzaniga and Dr. George Miller as principal investigators for Cornell and Rockefeller respectively.

The Third Century Program has benefited also by a special program initiated by the Development Office for the Perinatology Center. The program focuses on a Special Gifts Committee, whose members function as donors and as solicitors for that unit. The Fund-Raising Communications Division of the Development Office wrote and produced a special brochure for the Perinatology Center, and a strategy for solicitation was devised to set in motion procedures to raise funds early in 1979.

In addition, a report was written for the Hearst Foundation covering



activities of the Perinatology Center's Follow-Up Program. This program, which provides follow-up studies of high-risk infants who have been patients of the Perinatology Center, is funded by a grant of \$45,000 from the foundation. The report led to renewed interest on the part of the Hearst executives, for whom the Development Office arranged a special come-and-see program. Dr. Theodore Cooper, Dr. Melville Platt, Dr. Peter A. M. Auld and his associates all made presentations at the meeting.

People: what the money's for.



The result was an expression of interest by the Hearst Foundation in receiving proposals for a renewal of the Follow-Up Program grant, as well as for a \$750,000 grant for general Medical College research. Two proposals have been prepared by the Development Office and presented to the foundation.

A similar effort is in progress for the Neurosurgery Division, for which a brochure was prepared some time ago. Implementation of this program awaits the formation of a special Neu-

rosurgery Special Gifts Committee similar to that of the Perinatology Center, and enlistment of interested individuals.

The Exxon Foundation is one of several companies that contributed to the Burn Center in 1978. Exxon's gift was \$300,000 for a three-year period. Avon Products pledged \$30,000 in three annual payments, and Metropolitan Life pledged \$20,000. The Union Pacific Foundation made a gift of \$50,000.

Another important contribution to the Third Century Program during

the year was a grant of \$150,000 from Mr. and Mrs. DeWitt Wallace for an endowed fellowship in Geriatrics. The holder will be known as a DeWitt Wallace/Reader's Digest Fellow.

The Henry J. Kaiser Family Foundation made a three-year grant of \$358,000 to the College for the development of a fellowship training program in general medicine, to be directed by Dr. Jeremiah A. Barondess.

Two endowed chairs, created by gifts made in recent years in response to proposals prepared by the Development Office, have been filled: the Irving Sherwood Wright Professorship in Geriatrics, accepted by Dr. Marc E. Weksler, and the Harold and Percy Uris Professorship of Pediatric Endocrinology, by Dr. Maria I. New. The Geriatrics Professorship was established with a \$1,000,000 gift from Mrs. E. Roland Harriman and the late Mr. Harriman through the Gladys and Roland Harriman Foundation; the Uris Professorship, with a gift of \$1,000,000 from the Uris Brothers Foundation.

Other gifts have raised the Third Century Program Fund, so far obtained largely from Board members and others close to the Center, to \$39,879,506. With this nucleus fund established, the Third Century Program is now ready to go to the public—individuals, foundations, and corporations—for the balance of the funds needed.

Respectfully submitted,

Mrs. Vincent de Roulet

*The Gift Shop,
the Hospital's "mini-Macy's."*

For the Auxiliary of the Society of the New York Hospital, 1978 proved to be a highly successful year. Combined profits from the Thrift Shop, Gift Shop and TV Rental topped \$140,000. In addition, a very successful benefit netted nearly \$20,000. The Lying-In Hospital Committee, through its Babies Alumni program, made almost \$10,000 in profits. These sums of money represent the hard work and dedication of many Auxiliary members, and the tireless leadership of a few.

The Gift Shop, lovingly referred to as a "mini-Macy's," stocks hundreds of items to please patients, visitors, staff and employees. Through the efforts of three full-time professionals, plus several part-timers and many volunteers, it is possible to keep the shop open five days a week from 9:00 a.m. to 8:00 p.m. and from 1:00 to 5:00 on weekends. In addition, volunteers take a gift cart throughout the Hospital days and evenings.

The Auxiliary is responsible for the rental of TV's to hospital patients. Again, this is a combined effort of professionals and volunteers. Mrs. Alan Perry, chairman of these combined efforts, has worked tirelessly and deserves a world of thanks for the service provided and profit realized.

The New York Hospital is represented along with several other charities in the Generosity Thrift Shop on Second Avenue near 69th Street. Mrs. Waldemar Berg, chairman of our Thrift Shop Committee, must receive much of the credit for making 1978 the most profitable year this committee has ever had.

In November, an Auxiliary committee co-chaired by Mrs. Ronald Caplan and Mrs. Gerald Imber planned,



promoted and mounted a successful art happening, with the generous help of the Hirschl and Adler Gallery. It was opening night of a retrospective exhibition of the work of Ken Davies, leading American realist painter. Proceeds of the benefit, about \$20,000, went to the Auxiliary for support of New York Hospital programs and services.

The art sale held every fall generates great excitement for the entire Hospital community. Each year, the Art Committee retires pictures from its collection and sells them at reasonable prices in the main lobby. Mrs. David D. Thompson, an artist in her own right, deserves credit for providing the leadership in this enterprise, as well as in the Auxiliary's hospital-wide program to brighten bare walls with prints and paintings.

During the past year, the Auxiliary was pleased to note the growth of the Hospital Escort Service of Yorkville (HESY), a program we have supported since its inception in 1975. Funded jointly by the Lenox Hill Hospital Auxiliary and The

New York Hospital Auxiliary, HESY started as a service to escort the elderly to hospital clinic visits, then widened its scope to include doctors' office visits. As the program struck a responsive chord in the community, it attracted funding from other interested community groups, and last fall an interim board was appointed to oversee the merging of HESY with two other programs for the elderly, Telefriend and Friendly Visitor. The Auxiliary's involvement in what has evolved into a multifaceted program of community service testifies to the Hospital's willingness to reach out to the community it serves.

An entirely new kind of activity launched in the interest of community outreach is the Auxiliary's sponsorship of a publication called "The Community Newsletter of the New York Hospital-Cornell Medical Center." Published four times a year in *Our Town*, a weekly newspaper with a circulation of more than 125,000, the newsletter provides a picture of Hospital activities, particularly those that directly affect our neighbors in the surrounding community.

During the year, the Auxiliary completed payment of the \$150,000 it had committed for the renovation of the pediatric unit on N-4. Money was voted to refurbish six patient lounge areas, and to renovate the patients' therapeutic kitchen in the Payne Whitney Clinic.

New blood, new ideas, new leaders all contributed to a gratifying 1978.

Respectfully submitted,

Mrs. L. Patton Kline

Mrs. L. Patton Kline

*Keeping the kids busy in ob/gyn
outpatient-department playroom.*

The New York Hospital, the oldest in New York City, imbues the volunteer with a strong sense of history and service. In turn, our volunteers have themselves established a long history of loyalty to the Hospital and its patients.

In 1978 the volunteer department serviced 76 areas in the Hospital on a regular basis. Six hundred and forty-nine men and women of all ages and backgrounds contributed 61,076 hours of productive assistance to the patients and staff.

Each year new areas are opened to the volunteer, and each year new skills are developed. This year additional patient floors have been opened to the well-briefed volunteer visitors, who are so helpful to those patients who need encouragement or a little aid in letter writing, or who simply need a good listener. Other new endeavors include the following:

- Volunteers assist Nurse Karen Ballard in the presentation of a new pilot film program designed to orient incoming pediatric patients.

- Volunteers maintain the ob/gyn outpatient department playroom to permit patients to have medical examinations and conferences without interruption from their children.

- The Hospital's coronary care unit staff is now assisted by volunteers who are well oriented in the "do's and don'ts" of heart-patient care.

- The Payne Whitney Clinic patients' library has been set up jointly by the PWC therapeutic activities division and the professional and volunteer staff of The New York Hospital patients' library.

- The Hideaway, a new shop in PWC initiated to encourage patients to participate in real-world activities,



was set up by senior occupational therapist Susan Haiman, assisted by Miriam Melton, volunteer, who provided much appreciated expertise. PWC patients staff the shop.

- Additional volunteers in admitting worked efficiently and harmoniously with the staff on the busiest days.

The great diversity of volunteer assignments is readily apparent when a visit to the busy ambulatory-care-services area is followed by a visit to the quiet of the Hospital archives, or to the development office, in which volunteers research for prospective donors, or to the information desks, manned by volunteers. In addition to their regular commitments, these busy people came forward to help out on religious holidays or during special events.

Summer volunteers from high schools and colleges continued to bring new minds and new hands to The New York Hospital. They worked on patient floors, in the labs in the social work departments, in the oral surgery department and in other areas throughout the Hospital. They

were enthusiastic and productive and indicated they had learned a great deal.

As in the past, Hospital volunteers were active in the community in 1978. An important part of their work is escorting patients to the ambulatory-care services.

In April, 1978, awards were presented for volunteer service as follows:

Sixty-nine volunteers received United Hospital Fund Pins for 150 or more hours of service. U.H.F. Awards for 1,000 or more hours of service were presented to Bradford Judd, M.D., Robert A. Kudlack, Mrs. Leon Lewis, Mrs. Charles McSherry, Mrs. B. H. Melton, Mrs. Jack Raymond, Mrs. David Thompson, Mrs. Ernestina Tricca.

New York Hospital Volunteer Pins for five years of service were presented to Miss Lucille Armistead, Mrs. Waldemar Berg, Miss Loretta Boyce, Miss Dorothy W. Clark, Mr. Robert C. Dodge, Mrs. Theodore Huebener, Mrs. W. G. Johnston, Mrs. Lillian Kremm, Mr. Thomas V. Nolan, Mrs. David W. Plant, Miss Mary Reynolds, Mrs. Louis Ricci, and Mr. Morris Spinrad. A paperweight bearing the New York Hospital seal was presented to Mrs. Frank Ritter for more than 10 years of service.

Our volunteers contribute their time generously. We thank the administration and the staff for their cooperation.

Respectfully submitted,

Mrs. Louise Floecker

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 Wilbur Gershenson, M.D.
 David Gluck, M.D.
 Marc A. Goldberg, M.D.
 Charles H. Goodsell, M.D.
 Rosemary V. Gorman, M.D.
 Jerold Graff, M.D.
 Joanna Haas, M.D.
 Marshall J. Hanley, M.D.
 Ann C. Hill, M.D.
 Jules Hirsch, M.D.
 Francis W. Iacobellis, M.D.
 Harvey Jay, M.D.
 Thomas P. Jernigan, M.D.
 Robert L. Jones, M.D.
 Vincent A. Joy, M.D.
 Adib Karam, M.D.
 Barry J. Klyde, M.D.
 Mary Jeanne Kreek, M.D.
 Robert G. Lahita, M.D.
 Aron Lantz, M.D.
 Robert L. Letcher, M.D.
 Martin Lipkin, M.D.
 Luther B. Lowe, Jr., M.D.
 Mark R. Marciano, M.D.
 Paul L. Margulies, M.D.
 I. Ira Mason, M.D.
 Eugene G. McCarthy, M.D.
 N. Eileen McGrath, M.D.
 Donald G. McKaba, M.D.
 Robert B. Millman, M.D.
 Cynthia J. Modny, M.D.
 Elizabeth C. Muss, M.D.
 Arthur D. Philson, M.D.
 Johanna Pindyck, M.D.
 Albert A. Pollack, M.D.
 Michael I. Rehmar, M.D.
 Arleen Rifkind, M.D.
 Nathaniel S. Ritter, M.D.
 John S. Rodman, M.D.
 John F. Romano, M.D.
 Ernest Schwartz, M.D.
 David Schwimmer, M.D.
 Frank A. Seixas, M.D.
 Benson H. Shalette, M.D.

Harry A. Sinclair, M.D. (LOA)
 Julio Sotelo, M.D.
 Herbert J. Spoor, M.D.
 Richard Stern, M.D.
 Erasmo Sturla, M.D.
 Ida Tiongo, M.D.
 Robert J. Winchester, M.D.
 Stanley S. Yormak, M.D.
 David Zackson, M.D.

PROFESSIONAL-ASSOCIATE STAFF

Professional Associates (Podiatrists)

Martin Gilman, D.P.M.
 Gene K. Potter, D.P.M.

GRADUATE STAFF

Physician

Stephen J. Marks, M.D.

Clinical Fellows

Imad John Bakoss, M.D.
 John F. Beary, III, M.D.
 Jay Richard Blum, M.D.
 Vivienne Bouchard, M.D.
 Mark Brower, M.D.
 Dominick Chiarieri, M.D.
 Richard Cohen, M.D.
 Michael Collins, M.D.
 Graciela deBoccardo, M.D.
 Pourushasp J. Dhabhar, M.D.
 Larry D. Dillon, M.D.
 George Ellis, M.D.
 Louis Ercolani, M.D.
 William B. Evans, M.D.
 Mark Fialk, M.D.
 Kenyon B. Field, M.D.
 Ronald A. Fischman, M.D.
 Allan Gibofsky, M.D.
 Bruce Gordon, M.D.
 Vincent A. Graziano, M.D.
 Kathleen A. Haines, M.D.
 Stuart Handelsman, M.D.
 Barry Hartman, M.D.
 Eugenia A. Hawrylko, M.D.
 Dickerman Hollister, M.D.
 Robert Inman, M.D.
 Brian R. Jones, M.D.
 Robert Kimberly, M.D.
 Morton J. Kleiner, M.D.
 Lawrence Lit-King Leung, M.D.
 Daniel M. Libby, M.D.
 Mary Ann Michelis, M.D.

Carlyle H. Miller, M.D.
 Paul Miskovitz, M.D.
 Reto Olgiati, M.D.
 Jean Pape, M.D.
 Malcolm C. Phillips, M.D.
 Mary Kathryn Pierri, M.D.
 Gene Resnick, M.D.
 Michael C. Ruddy, M.D.
 Meyer Solny, M.D.
 Luis F. Soruco, M.D.
 Mary Beth Walsh, M.D.
 Peter Welch, M.D.
 Hendricks H. Whitman, III, M.D.
 Samuel Wilson, M.D.
 David J. Wolf, M.D.
 Michael A. Zullo, M.D.

Assistant Physicians

Steven L. Allen, M.D.
 Robert W. Baker, M.D.
 George Bolen, M.D.
 Wayne A. Bottner, M.D.
 Robert D. Brandstetter, M.D.
 Jackie Chuong, M.D.
 James J. Durrett, M.D.
 Brad M. Dworkin, M.D.
 Stuart P. Feldman, M.D.
 Richard M. Fuchs, M.D.
 Harvey L. Goldberg, M.D.
 Harry D. Harper, M.D.
 Dan A. Henry, M.D.
 Merle D. Hillman, M.D.
 Lawrence A. Inra, M.D.
 Mark G. Kris, M.D.
 Jeffrey J. Kutscher, M.D.
 Jeffrey C. Laurence, M.D.
 Margaret Lewin, M.D.
 Theodore C. M. Li, M.D.
 Steven K. Magid, M.D.
 Dennis A. Mazal, M.D.
 David H. Miller, M.D.
 Timothy F. Murphy, M.D.
 Charles Natanson, M.D.
 Denna J. Nelson, M.D.
 Steven R. Osa, M.D.
 James W. Ostroff, M.D.
 Martin Perlin, M.D.
 Paul L. Phillips, M.D.
 Jonathan I. Ravdin, M.D.
 James C. Reynolds, M.D.
 Lynda E. Rosenfeld, M.D.
 Joseph T. Ruggiero, M.D.
 Stephen L. Saletan, M.D.

Martin A. Schiff, M.D.
 Simeon A. Schwartz, M.D.
 Cynthia L. Sears, M.D.
 Harvey A. Snyder, M.D.
 Rosemary Soave, M.D.
 Carol L. Storey-Johnson, M.D.
 Phyllis A. Tauffield, M.D.
 Eric S. Treiber, M.D.
 Mark F. Warner, M.D.
 Gary R. Weine, M.D.
 Dorothy A. White, M.D.
 Sylvia C. Wyman, M.D.

Assistant Physicians (Dermatology)

Alvin L. Adler, M.D.
 Edward H. Benjamin, M.D.
 Andrew Bronin, M.D.
 Esther Ho-Kung, M.D.
 Michael Jacobs, M.D.
 Patricia Myskowski, M.D.
 Richard Poon, M.D.
 Robert Rosado, M.D.
 Carole Shear, M.D.
 Nadine Wenner, M.D.

Interns

Kathy L. Ales, M.D.
 Wiley Perry Ballard, III, M.D.
 Laurie L. Barclay, M.D.
 Phyllis L. Carr, M.D.
 Richard F. Daines, M.D.
 Anna O. S. Fels, M.D.
 Kenneth W. Franklin, M.D.
 David A. Greenberg, M.D.
 Ruth Kaplan-Treiber, M.D.
 Harvey M. Kramer, M.D.
 Mary Margaret Kuntz, M.D.
 Hans H. Liu, M.D.
 David A. Melnick, M.D.
 Erwin Mermelstein, M.D.
 Ilene Jo Miller, M.D.
 Ruth J. Muschel, M.D.
 Thomas W. Nash, M.D.
 William H. O'Connor, M.D.
 Samuel Rapoport, M.D.
 Carolyn E. Riester, M.D.
 Darrell S. Rigel, M.D.
 James A. Rommer, M.D.
 Robert M. Rothbart, M.D.
 Jane E. Salmon, M.D.
 Richard K. Saltz, M.D.
 Theodore L. Schreiber, M.D.
 Marcia J. Wade, M.D.
 Victoria A. Wang, M.D.

Harold J. Weinberg, M.D.
 Steven J. Weisholtz, M.D.
 Robert E. Weltman, M.D.
 David Z. Young, M.D.

Neurology

MEDICAL STAFF

Neurologist-in-Chief

Fred Plum, M.D.

Attending Neurologists

John P. Blass, M.D.
 Fletcher H. McDowell, M.D.
 Jerome B. Posner, M.D.
 Donald J. Reis, M.D.
 William R. Shapiro, M.D.

Associate Attending Neurologists

H. Richard Beresford, M.D.
 Ira B. Black, M.D.
 Raymond H. Coll, M.D.
 Thomas C. Guthrie, M.D.
 Gerald H. Klingon, M.D.
 Henn Kutt, M.D.
 Paul S. Papavasiliou, M.D.
 Hart deC. Peterson, M.D.
 Gail E. Solomon, M.D.
 Peter Tsairis, M.D.
 Philip H. Zweifach, M.D.

Assistant Attending Neurologists

Jeffrey C. Allen, M.D.
 Kathleen M. Foley, M.D.
 Robert W. Hamill, M.D.
 Mark S. Horwich, M.D.
 John A. Kessler, M.D.
 David E. Levy, M.D.
 Madelyn Olson, M.D.
 Frank Petito, M.D.
 Richard W. Price, M.D.
 William Pulsinelli, M.D.
 David A. Rottenberg, M.D.
 John A. Schaefer, M.D.
 William T. Talman, Jr., M.D.
 Lewis N. Travis, M.D.
 Dean F. Young, M.D.

Clinical Affiliates

Norman Chernik, M.D.
 Paul J. Maccabee, M.D.

Dorothy M. Pietrucha, M.D.
Donald G. Rawlinson, M.D.

Professional Associate

Michael S. Gazzaniga, Ph.D.

GRADUATE STAFF

Clinical Fellow

Bruce T. Volpe, M.D.

Neurologists

Joshua Adler, M.D.
J. Gregory Cairncross, M.D.
John H. Dougherty, Jr., M.D.
Bruce Sigsbee, M.D.

Assistant Neurologists

Norman W. Barton, M.D.
Hal S. Gutstein, M.D.
Mitchell B. Max, M.D.
Nancy M. Nealon, M.D.
Robert L. Ruff, M.D.
Clifford B. Saper, M.D.
Jerome T. Scally, M.D.
Jack A. Schiff, M.D.
Robert L. Van Uitert, M.D.
Theresa M. Voorhies, M.D.
Ronald G. Wiley, M.D.

**Obstetrics and
Gynecology**

MEDICAL STAFF

Gynecologist-in-Chief

William J. Ledger, M.D.

**Attending Obstetricians
and Gynecologists**

Hugh R. K. Barber, M.D.
Stanley J. Birnbaum, M.D.
Myron Buchman, M.D.
E. William Davis, Jr., M.D.
Fritz Fuchs, M.D.
William P. Given, M.D.
Edward A. Graber, M.D.
Arthur V. Greeley, M.D.
Graham G. Hawks, M.D.
Elmer E. Kramer, M.D.
Robert Landesman, M.D.
John L. Lewis, Jr., M.D.
Joseph Nathanson, M.D.
Richard A. Ruskin, M.D.
S. Francis Ryan, M.D.
William J. Sweeney III, M.D.

**Associate Attending
Obstetricians and
Gynecologists**

John M. Astrachan, M.D.
Alfred Brockunier, M.D.
Lars L. Cederqvist, M.D.
John T. Cole, M.D.
Jerome G. Davis, M.D.
M. Yusoff Dawood, M.D.
Walter L. Freedman, M.D.
Walter B. Jones, M.D.
Niels H. Lauersen, M.D.
Frederick W. Martens, M.D.
Bernard N. Nathanson, M.D.
Melville A. Platt, M.D.
Desider J. Rothe, M.D.
Frederick Silverman, M.D.
E. Thomas Steadman, M.D.
Robert E. Wieche, M.D.

**Assistant Attending
Obstetricians and
Gynecologists**

Naef K. Basile, M.D.
Jerome H. Brander, M.D.
Ronald M. Caplan, M.D.
Patricia Conrad, M.D.
Richard J. Derman, M.D.
Vincent Du Vigneaud, Jr., M.D.
George B. Feldman, M.D.
Joseph Finkelstein, M.D.
James H. Freel, M.D.
Wilma Gladstone, M.D.
Enayat Hakim-Elahi, M.D.
Robert E. Hardy, M.D.
Andre Heltai, M.D.
David F. James, M.D.
Robert E. Kaye, M.D.
Woo Shin Kim, M.D.
Louis J. Lissak, M.D.
Robert Melnick, M.D.
Edward K. C. Mok, M.D.
Gideon G. Panter, M.D.
Joseph I. Paris, M.D.
Ben D. Ramaley, M.D.
Zoltan I. Saary, M.D.
Samuel Soichet, M.D. (LOA)
Michael Strongin, M.D.
Fouad Surur, M.D.
Bruce H. Tisch, M.D.
Attila Toth, M.D.
William D. Walden, M.D.
David B. Weinstein, M.D.
Virginia Werden, M.D.
Ioannis A. Zervoudakis, M.D.

GRADUATE STAFF

**Obstetricians and
Gynecologists**

Marilyn Cozzens-Kessler, M.D.
Edward I. Jacobson, M.D.
Jin Sik Kim, M.D.
Kathryn A. Schrotenboer, M.D.
Ira L. Spill, M.D.
Paul von Oeyon, M.D.

**Assistant Obstetricians
and Gynecologists**

Alan J. Albert, M.D.
John T. Chabora, M.D.
Rebecca Cooper, M.D.
Jan Delli-Bovi, M.D.
Mitchell Fagin, M.D.
Armand Friedel, M.D.
James B. Haile, M.D.
Marcia A. Harris, M.D.
Kay Johnson, M.D.
Josefina V. Marin, M.D.
John Micha, M.D.
Alan Plotnik, M.D.
Reginald Puckett, M.D.
Ida Ellen Schwab, M.D.
Steven Seidman, M.D.
Santina Siena, M.D.
Patricia Yarberry-Allen, M.D.

Ophthalmology

MEDICAL STAFF

Acting Ophthalmologist-in-Chief

Donald M. Shafer, M.D.

Attending Ophthalmologists

Brian Curtin, M.D.
Raymond Harrison, M.D.
Herbert Katzin, M.D.
Alfred Mamelok, M.D.
Walter Peretz, M.D.
Donald M. Shafer, M.D.
Arnold Turtz, M.D.

**Associate Attending
Ophthalmologists**

Thomas Cherubini, M.D.
David Karlin, M.D.
Peter Laino, M.D.
Harvey Lincoff, M.D.
Suzanne Veronneau, M.D.
Phillip Zweifach, M.D.

**Assistant Attending
Ophthalmologists**

Dianne Aronian, M.D.
Stephen Bloomfield, M.D.
Laurence Harris, M.D.
Yaffa Kahanowicz, M.D.
Mark Lieberman, M.D.
Richard Muchnick, M.D.
Peter Odell, M.D.
David Pearce, M.D.
James Schutz, M.D.
Martin Smithline, M.D.
Eugene Weise, M.D.
Andrew Wendling, M.D.

GRADUATE STAFF

Clinical Fellows

David A. Haft, M.D.
Lowell J. Sherris, M.D.

Ophthalmologist

Peter Liggett, M.D.

**Assistant
Ophthalmologists**

Joseph P. Castellano, M.D.
George R. Failing, Jr., M.D.
Teofil B. Kulyk, M.D.
Gerard M. Nolan, M.D.
Wayne G. Whitmore, M.D.

Otorhinolaryngology

MEDICAL STAFF

Otorhinolaryngologist-in-Chief

James A. Moore, M.D.

**Attending
Otorhinolaryngologists**

George C. Mueller, M.D.
John R. Williams, M.D.

**Associate Attending
Otorhinolaryngologists**

Robert W. Selfe, M.D.
John H. Seward, M.D.

**Assistant Attending
Otorhinolaryngologists**

Lloyd Dropkin, M.D.
William F. Flynn, M.D.
Stephen R. Geller, M.D.
Inocencio Kho, M.D.
Norman J. Pastorek, M.D.
W. Shain Schley, M.D.

Clinical Affiliate

Suzanne Howe, M.D.

GRADUATE STAFF

Assistant

Otorhinolaryngologists

Yadollah Ahmadi, M.D.

Maria Katona, M.D.

Joong Jin Kim, M.D.

Ferne Lavine, M.D.

Melvin Wiederkehr, M.D.

Pathology

MEDICAL STAFF

Pathologist-in-Chief

John T. Ellis, M.D.

Attending Pathologists

Carl G. Becker, M.D.

John W. Dougherty, M.D.

Patrick J. Fitzgerald, M.D.

George F. Gray, Jr., M.D.

Aaron Kellner, M.D.

Elmer Kramer, M.D.

Robert C. Mellors, M.D.

C. Richard Minick, M.D.

George E. Murphy, M.D.

Charles A. Santos-Buch, M.D.

John F. Seybolt, M.D.

Associate Attending

Pathologists

Daniel R. Alonso, M.D.

Peter G. Bullough, M.D.

Eugene L. Gottfried, M.D.

Janet A. Mouradian, M.D.

Myron Susin, M.D.

Carolyn W. Watson, M.D.

Jack F. Woodruff, M.D.

Assistant Attending

Pathologists

Carol K. Petito, M.D.

Paul S. Symchych, M.D. (LOA)

Carl F. Wolf, M.D.

Clinical Affiliates

Linda Rankin, M.D.

Donald G. Rawlinson, M.D.

GRADUATE STAFF

Assistant Pathologists

M. Lita Alonso, M.D.

Stephen Chasko, M.D.

Margaret H. Collins, M.D.

Adolfo Firpo, M.D.

Thomas A. Godwin, M.D.

Geoffrey Gottlieb, M.D.

Winston Harrison, M.D.

Maria Litrenta, M.D.

Margret Magid, M.D.

Powers Peterson, M.D.

David Spriggs, M.D.

Annie Strupp, M.D.

Philip T. Valente, M.D.

M. Lee Wallace, Jr., M.D.

Interns

Quintus Chess, M.D.

Diane J. Schechter, M.D.

Joseph V. Vogel, M.D.

Julia A. Yearsley, M.D.

Pediatrics

MEDICAL STAFF

Pediatrician-in-Chief

Wallace W. McCrory, M.D.

Attending Pediatricians

Peter A. McF. Auld, M.D.

Paul F. DeGara, M.D.

Kathryn H. Ehlers, M.D.

Mary Allen Engle, M.D.

Nathan Epstein, M.D.

John E. Franklin, M.D.

James L. German, III, M.D.

Henry P. Goldberg, M.D.

Robert A. Good, M.D.

James Q. Haralambie, M.D.

Margaret Hilgartner, M.D.

Aaron R. Levin, M.D.

Charlotte Lissauer, M.D.

Wallace W. McCrory, M.D.

Denis R. Miller, M.D.

Maria I. New, M.D.

Alfred L. Scherzer, M.D.

Mervin Silverberg, M.D.

Charlotte T. C. Tan, M.D.

Attending Psychiatrist

in Pediatrics

Theodore Shapiro, M.D.

Associate Attending

Pediatricians

Barbara S. Ashe, M.D.

Richard R. Bass, M.D.

Charles H. Bauer, M.D.

Mary Buchanan, M.D.

Benedict Caterinicchio, M.D.

Leon I. Charash, M.D.

Alfred N. Krauss, M.D.

Lenore Levine, M.D.

Wan Ngo Lim, M.D.

Luther B. Lowe, Jr., M.D.

Virginia C. Mitty, M.D.

Karl Neumann, M.D.

Rebecca F. Notterman, M.D.

Richard J. O'Reilly, M.D.

Hart deC. Peterson, M.D.

Virginia E. Pomeranz, M.D.

Irwin Rappaport, M.D.

Gerald Rosen, M.D.

Madoka Shibuya, M.D.

David I. Smith, M.D.

Elizabeth Smithwick, M.D.

Gail Solomon, M.D.

Stanley Zipser, M.D.

Assistant Attending

Pediatricians

Suroor Alam, M.D.

Paul Mark Baker, M.D.

Otto Billo, M.D.

Renee Brilliant, M.D.

Jeffrey Brown, M.D.

William R. Brown, Jr., M.D.

Walter T. Carpenter, M.D.

Henry Chang, M.D.

Frederic Daum, M.D.

Alan P. DeMayo, M.D.

Mary M. Didie, M.D.

Jeffrey H. Dobken, M.D.

Gloria T. Edis, M.D.

Jeanne E. Fenner, M.D.

Zulema Fischburg, M.D.

William Frayer, M.D.

Jeffrey Friedman, M.D.

Ronald J. Garutti, M.D.

Fereshteh Ghavimi, M.D.

Patricia-Jane Vonna Giardina, M.D.

Judith Goldstein, M.D.

Armando Grassi, M.D.

Matthew R. Kaplin, M.D.

Arthur A. Klein, M.D.

Alberto Lacoious-Petrucelli, M.D.

Uri Lavy, M.D.

Roy H. Lieberman, M.D.

Ralph Lopez, M.D.

Alicejane Markenson, M.D.

Frank Medici, M.D.

Songja Pang, M.D.

Birgitta Peterson, M.D.

Dorothy M. Pietrucha, M.D.

Stanley E. Read, M.D.

Reuben Reiman, M.D.

Melvin Rosh, M.D.

Sylvia Schechner, M.D.

William T. Seed, M.D.

Maurice Shinefield, M.D.

Donald R. Skog, M.D.

Joseph Soloway, M.D.

Gerald Spielman, M.D.

Joel Steckelman, M.D.

Ralph Stein, M.D.

Laurel J. Steinherz, M.D.

Peter Steinherz, M.D.

Mitchell Stevens, M.D.

Mary Tsai, M.D.

David Ziegelman, M.D.

Assistant Attending

Neurologist

Jeffrey C. Allen, M.D.

Assistant Attending

Psychiatrists

Hans Huebner, M.D.

Miriam Sherman, M.D.

Assistant Attending

Radiologists

Paula Brill, M.D.

Patricia Winchester, M.D.

Clinical Affiliates

Norman Berkowitz, M.D.

Sonia Cruz, M.D.

Diane B. Gareen, M.D.

Andrea C. V. Giardina, M.D.

Doris Goldberg, M.D.

Margaret Grossi, M.D.

Albert C. Holtzman, M.D.

Yusuf Khakoo, M.D.

Elizabeth Khuri, M.D.

Susan Kotlier, M.D.

Phyllis Landau, M.D.

Robert McVie, M.D.

Olive Pitkin, M.D.

Marilyn Ross, M.D.

Beatrice Slater, M.D.

Ernest B. Visconti, M.D.

Phyllis Weiner, M.D.

PROFESSIONAL-

ASSOCIATE STAFF

Assistant Attending

Psychologists

Thomas B. Boland, Ph.D.

David J. Louick, Ph.D.

GRADUATE STAFF

Pediatrician

Nicholas A. Pawlowski, M.D.

Clinical Fellows

Dipak Banker, M.D.
Marc Bestak, M.D.
Andrew Brem, M.D.
James B. Bussel, M.D.
Brenda I. Caparros, M.D.
Noel J. M. Carrasco, M.D.
Ka Wah Chan, M.D.
Anne Elizabeth Dyson, M.D.
Jesus Isabel Espinoza, M.D.
Ruthellen Fried, M.D.
William M. Gerba, M.D.
Kathleen Haines, M.D.
Eugenia A. Hawrylko, M.D.
Vijaya Hooja, M.D.
Prakash Kaur, M.D.
Stephanie Korn, M.D.
Jolanta Kulpa, M.D.
Edmund LaGamma, M.D.
Michael Lewin, M.D.
Linda A. Linday, M.D.
Franzika Lorenzen, M.D.
Judith R. Marcus, M.D.
Paul A. Meyers, M.D.
Thomas F. Myers, M.D.
Richard Noto, M.D.
Sharon E. Oberfeld, M.D.
John O'Loughlin, M.D.
Patricia Pisciotto, M.D.
Robert Rapaport, M.D.
Lewis Reisman, M.D.
Jerzy A. Szatkowski, M.D.
Antonio Wachtel, M.D.

Assistant Pediatricians

Barry C. Altura, M.D.
Joel A. Brochstein, M.D.
Glenn R. Budnick, M.D.
Ralph Caprio, M.D.
Elaine Friedlander, M.D.
Louise E. Friedman, M.D.
Kevin M. Kral, M.D.
Brian Kushner, M.D.
Elinor P. Levine, M.D.
James F. Markowitz, M.D.
Florence A. Nolan, M.D.
Nathaniel H. Pier, M.D.
Barbara Rettek, M.D.
Harold S. Starkman, M.D.
E. Robert Wassman, Jr., M.D.

Interns

Brian P. Ahlstrom, M.D.
Barbara L. Allen, M.D.
Howard J. Birenbaum, M.D.
Barbara A. Dash, M.D.
Miles H. Dinner, M.D.
Michael P. Fitzgerald, M.D.
Martin S. Katzenstein, M.D.
Evelyn K. McDivitt, M.D.
John L. McManamy, M.D.
Yvette L. Piovantetti, M.D.
Cathleen L. Raggio, M.D.
Linda M. Salzman, M.D.
Johanna Triegel, M.D.

Psychiatry

MEDICAL STAFF

Psychiatrist-in-Chief

Robert Michels, M.D.

Attending Psychiatrists

Stuart Asch, M.D.
Eric Carlson, M.D.
Arnold Cooper, M.D.
Helen E. Daniells, M.D.
Samuel L. Feder, M.D.
Frederic F. Flach, M.D.
William A. Frosch, M.D.
Sheldon Gaylin, M.D.
Ira Glick, M.D.
Jimmie C. B. Holland, M.D.
Otto Kernberg, M.D.
Richard N. Kohl, M.D.
William T. Lhamon, M.D.
James F. Masterson, Jr., M.D.
Jacques Quen, M.D.
Theodore Shapiro, M.D.
John A. Talbott, M.D.
Milton Viederman, M.D.

Attending Psychiatrist (Behavioral Science)

Gerard P. Smith, M.D.

Attending Neurologist in Psychiatry

Donald J. Reis, M.D.

Associate Attending

Psychiatrists

Edward T. Adelson, M.D.
John M. Astrachan, M.D.
Harvey H. Barten, M.D.
Stephen Bauer, M.D.
James E. Baxter, M.D.
H. Robert Blank, M.D.

Hyam Bolocan, M.D.
J. Warren Brown, M.D.
Edwin H. Church, M.D.
James L. Curtis, M.D.
E. Gerald Dabbs, M.D.
Everett Dulit, M.D.
Allen J. Frances, M.D.
James G. Gibbs, Jr., M.D.
Irving B. Harrison, M.D.
Lawrence J. Hatterer, M.D.
Thomas F. Henley, M.D.
Margaret E. Hertzog, M.D.
Peter Janulis, M.D.
Francis D. Kané, M.D.
Saul E. Kapel, M.D.
Helen S. Kaplan, M.D.
Paulina F. Kernberg, M.D.
Ari Kiev, M.D.
L. Gerald Laufer, M.D.
Alfred B. Lewis, Jr., M.D.
Edward Y. Liang, M.D.
Edgar L. Lipton, M.D.
Laurence Loeb, M.D.
William V. Lulow, M.D.
Rene C. Mastrovito, M.D.
Alan A. McLean, M.D.
Wayne Myers, M.D.
Edwin R. Ranzenhofer, M.D.
Robert A. Ravich, M.D.
Marie-Louise Schoelly, M.D.
Jesse Schomer, M.D.
Michael Selzer, M.D.
Charles A. Shamoian, M.D.
James H. Spencer, Jr., M.D.
Tom G. Stauffer, M.D.
Stefan P. Stein, M.D.
Daniel Stern, M.D.
Peter E. Stokes, M.D.
Michael H. Stone, M.D.
Leonard R. Straub, M.D.
Joseph D. Sullivan, M.D.
John S. Tamerin, M.D.
Aaron D. Weiner, M.D.
Peter G. Wilson, M.D.
Charles Winkelstein, M.D.

Assistant Attending Psychiatrists

Arthur A. Anderson, M.D.
Gerald A. Anderson, M.D.
Robert Ascher, M.D.
Ralph D. Baker, M.D.
Bruce Ballard, M.D.
Judith L. Berg, M.D.
Daniel Birger, M.D.
Marvin Blitz, M.D.

Richard E. Breslow, M.D.
Alexander R. Broden, M.D.
Judith Bronner-Huszar, M.D.
Cornelius J. Clark, M.D.
Howard N. Cooper, M.D.
John F. Crow, M.D.
Helen Davidoff-Hirsch, M.D.
Lois B. deAlvarado, M.D.
Leonard Diamond, M.D.
Mary V. DiGangi, M.D.
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Suzanne C. Draghi, M.D.
Andre Dupuis, M.D.
Stuart Edelson, M.D.
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Stuart Feder, M.D.
Daniel Feinberg, M.D.
M. Freile Fleetwood, M.D.
Roland J. Foraste, M.D.
Richard Frances, M.D.
Alice K. Frankel, M.D.
Mio Fredland, M.D.
Ellen D. Freeman, M.D.
Lawrence Friedman, M.D.
Richard C. Friedman, M.D.
Vivian Fromberg, M.D.
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Elias Gerchick, M.D.
Allan B. Gistrak, M.D.
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Janusz G. Gorzynski, M.D.
Robert S. Grayson, M.D.
Rudolph A. Gross, M.D.
Marion G. Hart, M.D.
James A. Haycox, M.D.
Daniel N. Hertz, M.D.
Malcolm Hill, M.D.
Richard K. Hill, M.D.
Stephen Holzman, M.D.
Hans F. Huebner, M.D.
J. William Johnson, M.D.
Hyam Kachalsky, M.D.
Norman Kaplan, M.D.
Marilyn G. Karmason, M.D.
Nathaniel P. Karush, M.D.
M. Dorothea Kerr, M.D.
Howard D. Kibel, M.D.
Hae A. Kim, M.D.
James H. Kocsis, M.D.
Allison B. Landolt, M.D.
Neil Lebowitz, M.D.
Henry J. Lefkowitz, M.D.
David Y. Levine, M.D.
Elizabeth Levy, M.D.
Bruce A. Lieberman, M.D.
Dorothy Lieberman, M.D.
Brian P. Lipton, M.D.

Stanley Lituchy, M.D.
 John N. Loomis, M.D.
 Erica Loutsch, M.D.
 William Leroy Maden, M.D.
 Arnold S. Maerov, M.D.
 Marlin R. Mattson, M.D.
 Barnett Samuel Meyers, M.D.
 Robert Millman, M.D.
 Ildiko Mohacsesy, M.D.
 Harry H. Moorhead, M.D.
 Saverio G. Mortati, M.D.
 Leonard Moss, M.D.
 Gideon Nachumi, M.D.
 Doris B. Nagel, M.D.
 Abbas D. Nahas, M.D.
 Jesus Nahmias, M.D.
 Werner Nathan, M.D.
 Edward Nersessian, M.D.
 Henry Nunberg, M.D.
 H. George Nurnberg, M.D.
 John D. O'Brien, M.D.
 Barbara E. O'Connell, M.D.
 Ralph A. O'Connell, M.D.
 Avodah Offit, M.D.
 John M. Oldham, M.D.
 Stanley Orloff, M.D.
 Winfred Overholser, M.D.
 Howard Owens, M.D.
 Sherman Pazner, M.D.
 Joshua M. Perman, M.D.
 Samuel Perry, III, M.D.
 Edwin L. Rabiner, M.D.
 David B. Robbins, M.D.
 Lawrence H. Rockland, M.D.
 Jay B. Rohrlich, M.D.
 Mark Rubinstein, M.D.
 Gary H. Rusk, M.D.
 Michael H. Sacks, M.D.
 George Samios, M.D.
 Michael A. Schwartz, M.D.
 Edward E. Seelye, M.D.
 David A. Shapiro, M.D.
 Elizabeth W. Shelden, M.D.
 Miriam Sherman, M.D.
 Barry Singer, M.D.
 David Sobel, M.D.
 Sheldon E. Stearns, M.D.
 Irving Sternschein, M.D.
 John J. Stine, M.D.
 Norman Straker, M.D.
 Richard Suchinsky, M.D.
 Jack Terry, M.D.
 Alfonso Tornusciolo, M.D.
 Sylvia G. Traube, M.D.
 Kenneth F. Tucker, M.D.
 Gloria Marnar Warner, M.D.

Martin J. Weich, M.D.
 Norman Weiss, M.D.
 Daniel Weitzner, M.D.

Assistant Attending Physicians

Robert B. Fath, M.D.
 Robert E. Lee, M.D.

Clinical Affiliates

Valiere Alcena, M.D.
 George S. Alexopoulos, M.D.
 Alfred J. Braida, D.D.S.
 George Brownstone, M.D.
 Ruth Bruun, M.D.
 Judith B. Bukberg, M.D.
 Alexander S. Butkiewicz, M.D.
 Thomas A. Butler, M.D.
 Mark Cannon, M.D.
 Donald G. C. Clark, M.D.
 Ruth P. Cohen, M.D.
 Socrates Constantinou, M.D.
 Henry F. Dawes, M.D.
 Ellen R. DeBell, M.D.
 Cheryl Beth Diamond, M.D.
 Robert J. Doherty, D.D.S.
 William Eckerd, M.D.
 Eli Einbinder, M.D.
 John T. Ellis, M.D.
 Katherine Falk, M.D.
 Harold D. Fink, D.D.S.
 Arnold W. Forrest, M.D.
 Walter L. Freedman, M.D.
 Margaret Gilmore, M.D.
 Samuel L. Gordon, M.D.
 Malcolm S. Graham, D.D.S.
 Roger B. Granet, M.D.
 Dean Harlam, M.D.
 A. Matthew Hilmi, M.D.
 James T. Howard, M.D.
 Charles G. Huntington, M.D.
 George D. Igel, M.D.
 Robert Kaplan, M.D.
 Stephen B. Kardon, M.D.
 George A. Keating, M.D.
 Harold Koenigsberg, M.D.
 Richard G. Kopff, Jr., M.D.
 Merle S. Kroop, M.D.
 Michael Lee, M.D.
 Patrizia A. Levi, M.D.
 Jacques Levy, M.D.
 Kenneth J. Lichtman, M.D.
 Andrew Looker, M.D.
 Alan Malter, M.D.
 Robert Marantz, M.D.
 Mary Jane Massie, M.D.
 James L. Moodie, M.D.
 Charles J. Morosini, M.D.
 John B. Moses, M.D.

Terence W. Murphy, M.D.
 Stuart T. Nevins, M.D.
 Piero O. Niceta, M.D.
 James E. Nininger, M.D.
 Judith A. Nowak, M.D.
 Annamaria Nucci, M.D.
 Lawrence D. Orvieto, D.D.S.
 Hogni Oskarsson, M.D.
 Edward L. Parsons, M.D.
 Mervyn Peskin, M.D.
 Aylin Radomisli, M.D.
 John A. Ramsdell, M.D.
 Edward Raymond, M.D.
 Anthony O. Rebholz, D.M.D.
 Ellen B. Rowntree, M.D.
 L. Mark Russakoff, M.D.
 Michael B. Saul, D.M.D.
 Jonah Schein, M.D.
 Arthur H. Schore, M.D.
 Sally Severino, M.D.
 Howard B. Simon, M.D.
 Max Spital, M.D.
 William D. Stubenbord, M.D.
 Lisa Tallal, M.D.
 Joan Tolchin, M.D.
 Simon Trutt, M.D.
 Traer Van Allen, M.D.
 Gustavo H. Vintas, M.D.
 Alan B. Wachtel, M.D.
 Barraud J. Watson, M.D.
 Hazel Weinberg, M.D.
 Exie E. Welsch, M.D.

PROFESSIONAL- ASSOCIATE STAFF

Attending Psychologist

Arthur Carr, Ph.D.
 Sanford Goldstone, Ph.D.
 Howard F. Hunt, Ph.D.
 Salomon Rettig, Ph.D.
 Lee Salk, Ph.D.
 Roy Schafer, Ph.D.

Associate Attending Psychologists

John F. Clarkin, Ph.D.
 M. David Clayson, Ph.D.
 Herbert Fensterhaim, Ph.D.
 Bernard Fisher, Ph.D.
 Bernard Landis, Ph.D.
 Fred Schwartz, Ph.D.
 Blanche L. Serwer, Ph.D.

Assistant Attending Psychologists

Gordon G. Ball, Ph.D.
 Michael Beldoch, Ph.D.
 Thomas B. Boland, Ph.D.

Martin Breitman, Ph.D.
 Betty Buchsbaum, Ph.D.
 Howard I. Glazer, Ph.D.
 Edna A. Lerner, M.A.
 Armand W. Loranger, Ph.D.
 David J. Louick, Ph.D.
 Michel Radomisli, Ph.D.
 Stephen Reich, Ph.D.
 Jonathan H. Weiss, Ph.D.
 Muriel Zimmerman, Ph.D.

Professional Associates (Psychology)

Rochelle W. Austrian, Ph.D.
 Jonas Cohler, Ph.D.
 Zoe Lazar, Ed.D.
 Michael Perelman, Ph.D.
 Charles A. Reiner, Ph.D.
 John M. Ross, Ph.D.

GRADUATE STAFF Payne Whitney Clinic

Psychiatrist

Ezra Feuer, M.D.

Clinical Fellows

Samuel Bogoch, M.D.
 Annie Chieran, M.D.
 Zofia E. Dziewanowska, M.D.
 Shoba Karwan, M.D.
 Kusum Kathpalia, M.D.
 Krishna R. Pillai, M.D.
 Anant Bhupatlal Soni, M.D.

Assistant Psychiatrists

Robert Abrams, M.D.
 James B. Amberson, M.D.
 Elizabeth Auchincloss, M.D.
 Sarah Auchincloss, M.D.
 Karen Blank, M.D.
 John J. Boronow, M.D.
 Stephanie Brandt, M.D.
 Nora Brockner, M.D.
 Ross Brower, M.D.
 Richard P. Brown, M.D.
 Joanna Chapin, M.D.
 Clarence Chen, M.D.
 Sandra K. Cohen, M.D.
 Jack Dunietz, M.D.
 Spencer Eth, M.D.
 Linda Freeman Ford, M.D.
 Rohn Samuel Friedman, M.D.
 Karen Gilmore, M.D.
 Deborah Goldfarb, M.D.
 David B. Hammond, M.D.
 Neil Hartman, M.D.
 Pamela Ingber, M.D.
 Thomas Kalman, M.D.

Richard Kaplan, M.D.
 Sylvia Karasu, M.D.
 Charles A. Kaufmann, M.D.
 Kenneth Kirstein, M.D.
 Dennis Kottler, M.D.
 Elliot Kranzler, M.D.
 Molly Hall Levin, M.D.
 Neville B. Lewis, M.D.
 Owen Lewis, M.D.
 M. Philip Luber, M.D.
 Myrl Manley, M.D.
 P. Anne McBride, M.D.
 Robert Pynoos, M.D.
 Marie G. Rudden, M.D.
 Eslee Samburg, M.D.
 M. Katherine Shear, M.D.
 Mark Spiegel, M.D.
 Neil Talon, M.D.
 Douglas Van der Heide, M.D.
 Walter Van Vort, M.D.
 David Weber, M.D.

Assistant Psychiatrists (Child Psychiatry)

Arthur Reese Abright, M.D.
 Antonio U. Beltramini, M.D.
 Elisabeth C. Frischau, M.D.
 John Patten, M.D.
 Casper G. Schmidt, M.D.

GRADUATE STAFF Westchester Division

Psychiatrist

Shubha Sinha, M.D.

Assistant Psychiatrists

Robert Alessi, M.D.
 Paul Ambrosini, M.D.
 Johanna Botman, M.D.
 Richard D. Brand, M.D.
 Robert Brescia, M.D.
 Alan Brody, M.D.
 Douglas Budde, M.D.
 Katharine Burten, M.D.
 William Burten, M.D.
 James Ciarcia, M.D.
 William J. Crowley, M.D.
 Scott Cutler, M.D.
 Eleanor P. Faithorn, M.D.
 Johanna L. Fernan, M.D.
 Richard Fort, M.D.
 Howard E. Gilman, M.D.
 Kenneth Gordon, M.D.
 Stephen R. Greenberg, M.D.
 Daniel Greenfield, M.D.
 Judith Ebenstein Grose, M.D.
 Wilma Harrison, M.D.
 John H. Heiligenstein, M.D.
 Joel D. Jacowitz, M.D.

Matthew J. Klein, M.D.
 Keith Lepp, M.D.
 John J. Lucas, Jr., M.D.
 John Luke, M.D.
 Deborah L. Mednick, M.D.
 Masao Miyamoto, M.D.
 William P. Owen, Jr., M.D.
 George H. Pazdral, M.D.
 Leslie Prusnofsky, M.D.
 Fernando Rodriguez-Villa, M.D.
 Shawn Russell, M.D.
 David Sawyer, M.D.
 Ryang Suh, M.D.
 Mindy J. Thompson, M.D.
 Steven I. Tutnauer, M.D.
 Laura Vogel, M.D.
 Annis Wasfi, M.D.
 Burt Weston, M.D.
 Thomas R. Wikstrom, M.D.
 Roberta A. Williamson, M.D.
 Mary E. Woesner, M.D.
 Valery Yandow, M.D.

Assistant Psychiatrists (Child Psychiatry)

Helen K. Abramowicz, M.D.
 Paul Gusmorino, M.D.
 David M. Kaminsky, M.D.
 William Rhodes, M.D.
 Thomas J. Schreiber, M.D.
 Yonatan Sokal, M.D.

Radiology

MEDICAL STAFF

Radiologist-in-Chief

Joseph P. Whalen, M.D.

Attending Radiologists

David V. Becker, M.D.
 Florence Chien Hwa Chu, M.D.
 John A. Evans, M.D.
 Robert H. Freiburger, M.D.
 Basil S. Hilaris, M.D.
 Morton A. Meyers, M.D.
 Zuheir Mujahed, M.D.
 Lourdes Nisce, M.D.
 Nathan Poker, M.D.
 D. Gordon Potts, M.D.
 Robin C. Watson, M.D.
 Patricia Winchester, M.D.

Associate Attending Radiologists

Mostafa Ali El Batata, M.D.
 Paula Brill, M.D.
 F. Mitchell Cummins, M.D.
 Michael D. F. Deck, M.B., B.S.

Amy Goldman, M.D.
 Antonio Govoni, M.D.
 James Hurley, M.D.
 Jerome G. Jacobstein, M.D.
 Herbert G. Kantor, M.D.
 Elias Kazam, M.D.
 Jae Ho Kim, M.D.
 Thomas Sos, M.D.
 George Stassa, M.D.
 Hind S. Teixidor, M.D.

Assistant Attending Radiologists

Gerald Abbott, M.D.
 Bernard Ghelman, M.D.
 Joan Hacken, M.D.
 Andrew W. Haraway, Jr., M.D.
 James C. Hirschy, M.D.
 Seymour Hopfan, M.D.
 Charles D. Kelley, M.D.
 Benjamin Lee, M.D.
 David Olian, M.D.
 Helene Pavlov, M.D.
 Zoltan I. Saary, M.D.
 Kenneth Sniderman, M.D.

Clinical Affiliate

Martin J. Barandes, M.D.

GRADUATE STAFF

Clinical Fellows

Rashmikan Baxi, M.D.
 Peter M. Danes, M.D.
 Bilha Fish, M.D.
 Stuart S. Hantman, M.D.
 Janet Hoffman, M.D.
 Morton Jacobs, M.D.
 Souheil Saddekn, M.D.
 Mostafa Sadjadi, M.D.
 Gerald Vienne, M.D.
 Heidi Weissmann, M.D.

Assistant Radiologists

Michael Christian, M.D.
 Robert J. Diamond, M.D.
 Peter S. Dunner, M.D.
 Ivy A. Engel, M.D.
 Margery Heneghan, M.D.
 Charles Herbstman, M.D.
 Clyde A. Hershan, M.D.
 Richard J. Katz, M.D.
 Brenda M. Koblick, M.D.
 Steven G. Kuchta, M.D.
 George Lantos, M.D.
 Samuel A. Lehrman, M.D.
 Lawrence G. Manco, M.D.
 Marshall C. Mintz, M.D.
 Richard M. Moccia, M.D.
 Louis D. Neistadt, M.D.

Gary Novick, M.D.
 Robert S. O'Connell, M.D.
 Carla Ross, M.D.
 Wendy Shaw, M.D.

Assistant Radiologists (Nuclear Medicine)

Virgilio A. Valdez, M.D.
 Annette Yacovone, M.D.

Rehabilitation Medicine

MEDICAL STAFF

Physiatrist-in-Chief

Willibald Nagler, M.D.

Attending Physiatrist

J. Herbert Dietz, M.D.

Associate Attending Physiatrists

Hermira Z. Benjamin, M.D.
 Ronald F. Green, M.D.

Assistant Attending Physiatrist

Kanta C. Shah, M.D.

Clinical Affiliates

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 Edward H. Lorenze, M.D.
 Peter H. Stern, M.D.

GRADUATE STAFF

Assistant Physiatrists

Ramana V. Amaravadi, M.D.
 Eden B. Atienza, M.D.
 Sossamma B. George, M.D.
 Sitamahalakshmi Kondapaneni,
 M.D.
 Subhadra L. Nori, M.D.

Surgery

Surgeon-in-Chief

G. Thomas Shires, M.D.

General Surgery

MEDICAL STAFF

Attending Surgeons

William A. Barnes, M.D.
 P. William Curreri, M.D.
 Jerome J. DeCosse, M.D.
 Peter Dineen, M.D.

Frank Glenn, M.D.
Edward I. Goldsmith, M.D.
William F. Nickel, M.D.
Malcolm O. Perry, M.D.
S. Frank Redo, M.D.
Albert L. Rubin, M.D.
Kurt H. Stenzel, M.D.
Bjorn Thorbjarnarson, M.D.
George E. Wantz, M.D.
John C. Whitsell, II, M.D.

Associate Attending Surgeons

Peter C. Canizaro, M.D.
Robert L. Clarke, M.D.
George N. Cornell, M.D.
Armand F. Cortese, M.D.
Edgar P. Fleischmann, M.D.
William R. Grafe, M.D.
Peter M. Guida, M.D.
Kevin P. Morrissey, M.D.
Robert R. Riggio, M.D.
Paul A. Skudder, M.D.
William T. Stubenbord, M.D.
John F. Sullivan, M.D.

Assistant Attending Surgeons

John M. Aronian, M.D.
Jacqueline Chami, M.D.
Jhoong S. Cheigh, M.D.
William T. Curry, M.D.
John M. Davis, M.D.
Hollon W. Farr, M.D.
James P. Gaston, M.D.
William P. Homan, M.D.
Joel H. Horovitz, M.D.
Bruce R. Leslie, M.D.
Arnold Luterman, M.D.
Vincent F. Marzulli, M.D.
Carmine J. Mauro, M.D.
Stuart D. Saal, M.D.
Michael F. Silane, M.D.
David S. Speer, M.D.
Harry Statman, M.D.
M. Suthanthiran, M.D.
Luis Tapia, M.D.
Michael Yarborough, M.D.

Clinical Affiliates

Donald G. C. Clark, M.D.
Helena Gilder, M.D.
Mark E. Helbraun, M.D.
Henry Mannix, M.D.
David A. Mayer, M.D.
Earl A. O'Neil, M.D.

GRADUATE STAFF

Clinical Fellows

Graciela deBoccardo, M.D.
Louis V. Ercolani, M.D.
William B. Evans, M.D.
Kenyon Field, M.D.
Ronald A. Fischman, M.D.
Vincent A. Graziano, M.D.
Stuart Handelsman, M.D.
Morton J. Kleiner, M.D.
Michael Ruddy, M.D.

Surgeons

Patrick L. Ballen, M.D.
David N. Danforth, Jr., M.D.
John B. Famiglietti, M.D.
John F. Gallagher, M.D.
Robert A. Reichert, M.D.
William V. Wojeski, M.D.
Roger W. Yurt, M.D.

Assistant Surgeons

Anthony C. Antonacci, M.D.
Rathindra Banik, M.D.
Philip S. Barie, M.D.
Howard L. Beaton, M.D.
William O. Bell, M.D.
Gary S. Bromley, M.D.
William T. Cline, M.D.
Peter L. Cunningham, M.D.
Ira Dauber, M.D.
Gerry C. Fox, M.D.
Warren M. Glover, M.D.
Jeffrey P. Gold, M.D.
Richard E. Greenberg, M.D.
Benedict T. Harter, M.D.
Robin S. Hayworth, M.D.
David N. Herndon, M.D.
Lloyd Hoffman, M.D.
Norman A. Johanson, M.D.
Stephen R. Kay, M.D.
Gary J. Kelman, M.D.
Maureen A. Killackey, M.D.
William C. Mackey, M.D.
Michael R. Madden, M.D.
John D. Mannion, M.D.
Robert L. McEntyre, M.D.

Eugene J. Nowak, M.D.
Stephen J. Pilipshen, M.D.
Joseph A. Rabson, M.D.
Carolyn Reed, M.D.
Richard C. Richter, M.D.
Newell B. Robinson, M.D.
David Rose, M.D.
Robert A. Schultz, M.D.
Marc M. Sedwitz, M.D.
Douglas R. Smego, M.D.
R. Ernest Sosa, M.D.
Francesca M. Thompson, M.D.
Huelaine Webb, M.D.
Judith Whitcomb, M.D.
Bruce Wolff, M.D.
Wilfred Yee, M.D.

Cardiothoracic Surgery

MEDICAL STAFF

Attending Surgeon-in-Charge
William A. Gay, Jr., M.D.

Attending Surgeons
Cranston W. Holman, M.D.
George R. Holswade, M.D.

Associate Attending Surgeons
Arthur J. Okinaka, M.D.
Valavanur Subramanian, M.D.

Assistant Attending Surgeons
Eddie Hoover, M.D.
John C. McCabe, M.D.

GRADUATE STAFF

Thoracic Surgeons
Remo Gaudiol, M.D.
Fatih Salih-Zada, M.D.

Assistant Thoracic Surgeons
James C. Harvey, M.D.
Fereidoon S. Tabatabaai, M.D.

Dental and Oral Surgery

Attending Oral Surgeon-in-Charge
Stanley J. Behrman, D.M.D.

Attending Dentist
John J. Putnam, D.D.S.

Associate Attending Dentist (Periodontist)
Seymour M. Koteen, D.D.S.

Associate Attending Dentists (Prosthodontists)
Gerald M. Galvin, D.D.S.
Ivan B. Prince, D.D.S.

Associate Attending Dentists
Lawrence A. Behrman, D.D.S.
Ernest R. Piccaro, D.D.S.

Assistant Attending Oral Surgeons
Stephen E. Carney, D.D.S.
Thomas M. Darrigan, D.D.S.
Arthur C. Elias, D.M.D.
Jerry L. Halpern, D.D.S.
Steven J. Tunick, D.M.D.

Assistant Attending Dentists (Endodontists)
Joseph M. Leavitt, D.D.S.
Nelson I. Mendel, D.M.D.

Assistant Attending Dentist (Roentgenologist)
J. Kenneth Schmidt, D.M.D.

Assistant Attending Dentist (TMJ)
Leonard E. Quitt, D.D.S.

Assistant Attending Dentist (Myo-Functional Therapy)
Harvey Miller, D.D.S.

**Assistant Attending Dentists
(Pedodontists)**

David J. Levine, D.D.S.
Jack Mitchell, D.D.S.
Alan Wishner, D.M.D.

**Assistant Attending Dentists
(Orthodontists)**

Joseph D. Davis, D.D.S.
Marc Lemchen, D.M.D.

**Assistant Attending Dentist
(Periodontist)**

Joseph E. Rowan, D.D.S.

**Assistant Attending Dentists
(Prosthodontists)**

Jason C. Lee, D.D.S.
George W. Sferra, Jr., D.D.S.

**Clinical Affiliates
(Oral Surgeons)**

Thomas I. Carey, D.D.S.
Joseph J. Zito, D.D.S.

**Clinical Affiliates
(Orthodontists)**

Robert M. Cole, D.D.S.
Henry I. Nahoum, D.D.S.
Gregory W. Sanford, D.M.D.

**Clinical Affiliate
(Dentist)**

Milton Gabel, D.D.S.

GRADUATE STAFF

Oral Surgeon

Todd Jeffrey Berman, D.M.D.

Assistant Oral Surgeon

Ronald S. Pack, D.M.D.

Intern in Oral Surgery

Lawrence R. Gibson, D.D.S.

**Intern, General-Practice
Residency Program**

Mark Ciovacco, D.M.D.

Neurosurgery

MEDICAL STAFF

**Attending
Surgeon-in-Charge**

Russel H. Patterson, Jr., M.D.

Attending Surgeon

Howard S. Dunbar, M.D.

**Associate Attending
Surgeons**

Richard A. R. Fraser, M.D.
Joseph H. Galicich, Jr., M.D.

**Assistant Attending
Surgeon**

Irvine G. McQuarrie, M.D.

GRADUATE STAFF

Surgeon

Francis W. Gamache, M.D.

Assistant Surgeons

Alec Danylevich, M.D.
Masaaki Usui, M.D.
Rand M. Voorhies, M.D.

Orthopedics

MEDICAL STAFF

**Surgeon-in-Chief
The Hospital for
Special Surgery**

Philip D. Wilson, Jr., M.D.

Attending Surgeons

William D. Arnold, M.D.
Rolla D. Campbell, M.D.
John H. Doherty, M.D.
Allan E. Inglis, M.D.
David B. Levine, M.D.
L. Ramsay Straub, M.D.

**Associate Attending
Surgeons**

Walther H. O. Bohne, M.D.
John N. Insall, M.D.
Bernard Jacobs, M.D.
Joseph M. Lane, M.D.
John P. Lyden, M.D.
Peter J. Marchisello, M.D.
Ralph C. Marcove, M.D.
John L. Marshall, M.D.

Chitranjan S. Ranawat, M.D.
Leon Root, M.D.
Eduardo A. Salvati, M.D.

**Assistant Attending
Surgeons**

Samuel Avnet, M.D.
Alexander Hersh, M.D.
Victor Mayer, M.D.
Jeanne Pamilla, M.D.
Thomas D. Rizzo, M.D.
Thomas P. Sculco, M.D.
Konstantin P. Velis, M.D.
Russell F. Warren, M.D.

GRADUATE STAFF

Surgeon

David J. Fleiss, M.D.

Assistant Surgeons

Laura B. Flawn, M.D.
William K. P. Li, M.D.

Plastic Surgery

MEDICAL STAFF

**Attending
Surgeon-in-Charge**

Dicran Goulian, Jr., M.D.

**Associate Attending
Surgeons**

Randolph H. Guthrie, Jr., M.D.
James W. Smith, M.D.

**Assistant Attending
Surgeons**

Gerald Imber, M.D.
Laurence R. LeWinn, M.D.
Robert G. Schwager, M.D.

Clinical Affiliate

Danica Kovachev, M.D.

GRADUATE STAFF

Surgeons

Constance Arnold, M.D.
Robert L. Cucin, M.D.
Pamela M. Gallagher, M.D.

Assistant Surgeons

Charles Nunnery, M.D.
Kenneth O. Rothaus, M.D.
John E. Sherman, M.D.

Urology

MEDICAL STAFF

**Attending
Surgeon-in-Charge**

E. Darracott Vaughan, Jr., M.D.

Attending Surgeons

John W. Draper, M.D.
John G. Keuhnelian, M.D.
Russell W. Lavengood, M.D.
Victor F. Marshall, M.D.
John H. McGovern, M.D.
Edward C. Muecke, M.D.
Willet F. Whitmore, Jr., M.D.
John J. Williams, M.D.

**Associate Attending
Surgeons**

John W. Coleman, Jr., M.D.
J. Edwin Drew, M.D.
David T. Mininberg, M.D.
Jon M. Reckler, M.D.

**Assistant Attending
Surgeons**

John A. Fracchia, M.D.
James P. McCarron, Jr., M.D.
Piero O. Niceta, M.D.
W. Reid Pitts, Jr., M.D.
Anthony N. Spinelli, M.D.

Clinical Affiliates

Francis Beneventi, M.D.
Mitchell Brice, II, M.D.
Damir Velcek, M.D.
Robert S. Waldbaum, M.D.

GRADUATE STAFF

Surgeon

Walid A. Mufarrij, M.D.

Assistant Surgeons

Paul A. Church, M.D.
John N. Krieger, M.D.
Karen E. Leider, M.D.
Thomas P. McGovern, M.D.
Carl Mills, II, M.D.
Jerome P. Parnell, II, M.D.
Robert A. Riehle, M.D.

**Clinical Biochemistry
Laboratories**

Biochemist-in-Chief:
Alton Meister, M.D.

**Clinical Biochemistry
Director:**

Gordon Fairclough, Ph.D.
Assistant Directors:
James Cornell, Ph.D.
Jerald Gass, Ph.D.
Edward Schubert, Ph.D.

**Clinical Pathology
Laboratories**

Pathologist-in-Chief:
John T. Ellis, M.D.

BLOOD BANK

Director: Carl F. W. Wolf, M.D.

CLINICAL HEMATOLOGY

Director:

Eugene L. Gottfried, M.D.

CLINICAL MICROBIOLOGY

Director:

Laurence B. Senterfit, Sc.D.

Assistant Directors:

Carl G. Becker, M.D.

Desider J. Rothe, M.D.

CYTOLOGY

Director: John F. Seybolt, M.D.

SURGICAL PATHOLOGY

Director:

George F. Gray, Jr., M.D.

Assistant Directors:

Elmer E. Kramer, M.D.

Janet A. Mouradion, M.D.

**Clinical Diagnostic
Laboratories, Directors**

BASAL METABOLISM

David V. Becker, M.D.

**CARDIAC CATHETERIZATION,
ADULT**

Susan A. Kline, M.D.

**CARDIAC CATHETERIZATION,
PEDIATRICS**

Aaron R. Levin, M.D.

CARDIAC GRAPHICS, ADULT

Paul B. Kligfield, M.D.

CARDIAC GRAPHICS, PEDIATRICS

Kathryn H. Ehlers, M.D.

ELECTROENCEPHALOGRAPHY

Gail E. Solomon, M.D.

NUCLEAR MEDICINE

David V. Becker, M.D.

PEDIATRIC EXERCISE

Arthur A. Klein, M.D.

PULMONARY FUNCTION

William A. Briscoe, M.D.

James P. Smith, Jr., M.D.

**Senior Associate
Hospital Director**

Eleanor C. Lambertsen, Ed.D.,
D.Sc. (Hon.), R.N.

**Executive Assistant Director
of Nursing Service**

M. Joanna Foster, M.A., R.N.

**Assistant Director of
Nursing Service**

Elizabeth G. Brooks, M.A., R.N.

**Assistant Director of Nursing
Service for Staff Education**

Edna Danielsen, M.A., R.N.

**Assistant Director of Nursing
Service for Patient Care**

Christina Haas, M.A., R.N.

**Clinical Nursing
Department Heads**

Mary T. Bielski, M.A., R.N.

Medical Nursing

Gladys Jones, M.S., R.N.

Operating Room Nursing

Christina Haas, M.A., R.N.

(Acting Department Head)

Burn, Trauma and Emergency

Nursing Services

Laura L. Simms, Ed.D., R.N.

Surgical Nursing

Marie Strickland, M.Ed., R.N.

Obstetrical/Gynecological and

Pediatric Nursing

Carolyn Wagner, M.A., R.N.

Ambulatory Care Nursing

**Director of Psychiatric
Nursing Service**

Payne Whitney

Psychiatric Clinic

Kenneth Larson, M.A., R.N.

Deaths

We note with profound sadness the
passing during 1978 of the following
members of the professional staff:

Eugene E. Clifton, M.D.

Emeritus Staff (Surgery)

Keith O. Guthrie, Jr., M.D.

Associate Attending Physician

Gustavus A. Humphreys, M.D.

Honorary Staff (Urology)

Sonia D. Lindo, M.D.

Associate Attending Physician

John P. West, M.D.

Honorary Staff (Surgery)

For the Guidance of Your Attorney

A gift to The New York Hospital gives aid to the ill and the distressed, supports programs which educate doctors for the future, and makes possible research to stamp out disease, helping people today and generations yet unborn.

Gifts may be made in a number of ways, such as by money (check or cash), by securities, by testamentary devise (land) or by bequest (property other than land), by intervivos or testamentary trust.

Because The Society of the New York Hospital is a voluntary, non-profit institution contributing to the public welfare, gifts to it by individuals or corporations are exempt from income, gift and inheritance taxes to the extent and in the manner provided by Federal and State laws.

Where a gift of money is to be made by check, it should be made payable to The New York Hospital and mailed to the Secretary of The Society of the New York Hospital at the address given below.

If the donor wishes to make a gift of securities (stock certificate or other instrument of value), instructions concerning their delivery may be obtained from the Secretary.

The suggested terminology for an unrestricted devise or bequest is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York, . . . (description of the property) to be used by the Board of Governors for its general corporate purposes."

For a restricted devise or bequest, the suggested terminology is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York, . . . (description of the property) to be used for the following purpose(s) . . ." As a recommended alternative to the restricted devise or bequest, a testator may request the Board of Governors, without directing it to do so, to use such devise or bequest for the purchase or construction of specific capital additions, plant improvements or in support of programs conducted by the Hospital or its Departments. In such case, the devise or bequest will be classified as unrestricted but, subject to discretionary approval of the Board of Governors, will be used to

carry out such request. This alternative is preferable to the restricted devise or bequest because it empowers the Board to exercise discretion in dealing with constantly changing priorities and requirements of this large hospital, thereby providing flexibility not present under confining terms of a restricted devise or bequest. When this method is followed, and application of the devise or bequest is left to the Board's discretion, the actual intent of the testator can be better served to the Hospital's advantage than is possible under rigid restrictions.

The New York Hospital encourages gifts without restriction so as to permit greater facility in planning and administering its extensive and complex programs of patient care and medical education.

An Estate Affairs program has been established at the Hospital. The program complements its traditional sources of philanthropic support by offering deferred giving opportunities through Charitable Remainder Trusts that can benefit donors as well as the Hospital.

In the event you would like further information, please consult your attorney or the Office of the Secretary of The Society:

Secretary
The Society of the New York Hospital
525 East 68th Street
New York, N.Y. 10021
(212) 472-5645

**The Society of the
New York Hospital**

525 East 68th Street
New York, N.Y. 10021



The Society of the New York Hospital

1979 Annual Report



The New York Hospital
525 East 68th Street
New York, New York 10021

A Tale of Two Centuries

In the year 1771, “sundry publick-spirited persons, influenced by the spirit of benevolence,” petitioned King George III of England for a charter of incorporation, the purpose being to establish for the first time in the City of New York, “a publick hospital, one of the most useful and charitable institutions.” The charter was granted and The New York Hospital came into being, operated by The Society of the New York Hospital through its Board of Governors, all private individuals donating their time and energy to the endeavor. It stands today as a living testimony to the spirit of man’s humanity to man. A non-profit institution, the Hospital has extended its healing hand to ten generations of Americans and cared for five million sick people.

From the beginning the Hospital was interested in the mentally ill. In 1821 a new division called Bloomingdale Asylum was opened on Upper Broadway to care for psychiatric patients. Later the institution moved to White Plains, N.Y., where it is now known as The New York Hospital-Cornell Medical Center, Westchester Division.

In 1877 the Hospital moved from lower Manhattan to Sixteenth Street and established its School of Nursing. Affiliation with the Cornell University Medical College in 1912 furthered the Hospital’s goal of becoming one of the world’s great teaching institutions. The Hospital moved to its present site in 1932. Included in the new structures was the Payne Whitney Psychiatric Clinic, providing both inpatient and outpatient care for the mentally ill in an urban setting.

The New York Hospital-Cornell Medical Center, occupying more than three city blocks at 68th Street and East River Drive, is made up of the Hospital, and the Cornell University Medical College. Today the Center ranks as one of the major health-care complexes of the nation.

Throughout its history, The New York Hospital has adhered to a four-fold goal: care of the sick; research; teaching; and preventive medicine.

The Society of the New York Hospital

1979 Annual Report

Contents

Officers and Governors of The Society	2
Executive and Standing Committees of the Board of Governors	2
Officers of the Joint Board of the New York Hospital-Cornell Medical Center	3
Report of the President of The Society <i>by Stanley de J. Osborne</i>	5
Report of the Director <i>by David D. Thompson, M.D.</i>	8
Progress in Patient Care and Research <i>by David D. Thompson, M.D.</i>	10
Statistical Highlights	18
Report of the President of the Auxiliary <i>by Mrs. L. Patton Kline</i>	20
Report of the Director of Volunteers <i>by Mrs. Louise Floeckher</i>	21
Financial Statements	22
Report from the Chairman of the Development Committee <i>by Mrs. Vincent de Roulet</i>	24
Donors	25
Professional Staff	30
"A Gift to The New York Hospital": Guidance for Your Attorney	Inside back cover

About the Cover

The cover of this year's Annual Report—one color, no pictures, simplicity of design—symbolizes the determination of the Hospital Board, administration and staff to hold down hospital costs. The Annual Report is eight pages shorter than last year's, and has far fewer photographs and other design effects. Likewise throughout the New York Hospital-Cornell Medical Center, non-essential expenditures are being slashed in every way possible, consonant with continuing to provide the highest quality care, teaching and research. We owe this vigorous—and effective—cost containment to our patients, to our generous donors, to health insurers and to the general public which, in the final analysis, pays so great a share of hospital and health care costs.

Past Presidents

John Hay Whitney,
1950-1953,
Life Governor
Francis Kernan,
1957-1960,
Life Governor
Frederick K. Trask, Jr.,
1961-1965,
Life Governor
Kenneth H. Hannan,
1966-1974,
Governor

Officers, 1980

Stanley de J. Osborne,
President
David D. Thompson, M.D.,
*Vice-President and Director
of The Society of the New York
Hospital*
Mrs. Vincent de Roulet,
*Vice-President
(Operations)*
Edwin Thorne,
*Vice-President
(Investment)*
Frank S. Streeter,
*Vice-President
(Finance)*
Frederick W. Gluck,
Vice-President and Treasurer
Mrs. John Elliott, Jr.,
*Vice-President
(Development)*
H. Mefford Runyon,
Secretary
Julius D'Elia,
Assistant Treasurer
Vivian M. Schuler,
Assistant Secretary

Board of Governors

George F. Baker, III
R. Palmer Baker, Jr.
Frank A. Bennack, Jr.
Hays Clark
Mrs. Alexander T. Daignault
Mrs. Vincent de Roulet
Oscar Lewis Dunn, Jr.
Walter G. Dunnington, Jr.
Mrs. John Elliott, Jr.
James H. Evans
Ms. Charlotte Ford
Edward Ward Franklin
Frederick W. Gluck
Maurice Raymond Greenberg
Kenneth H. Hannan
Marifé Hernandez
Jerome H. Holland
Devereux Milburn
Mrs. Daniel R. Murphy
Stanley de J. Osborne
Ogden Mills Phipps
Robert W. Purcell
Frank S. Streeter
William P. Tavoulareas
Arthur R. Taylor
Paul E. Taylor, Jr.
Edwin Thorne
David W. Wallace
John L. Weinberg
Walter B. Wriston

Life Governors

Cornelius N. Bliss, Jr.
William A. M. Burden
Benjamin S. Clark
Mrs. Alexander C. Cushing
C. Douglas Dillon
Francis Kernan
John L. Loeb
George S. Moore
Augustus G. Paine
Ogden Phipps
Laurance S. Rockefeller
Frederick K. Trask, Jr.
Albert Carey Wall
Harold Weill
John Hay Whitney
Langbourne M. Williams

**Senior
Administrative Officers
of the Hospital**

David D. Thompson, M.D.
*Director of The Society of the
New York Hospital*
Melville A. Platt, M.D.,
*Executive Associate Director,
The Society of the New York
Hospital*
Eleanor C. Lambertsen, R.N.
Ed.D., D.Sc.
*Senior Associate Director,
Nursing Services, The Society
of the New York Hospital*
Julius D'Elia
*Senior Associate Director,
Administrative Services,
The Society of the
New York Hospital*

Executive Committee

Stanley de J. Osborne,
Chairman
Mrs. Vincent de Roulet
Mrs. John Elliott, Jr.
James H. Evans
Frederick W. Gluck
Maurice R. Greenberg
Kenneth H. Hannan
Frank S. Streeter
Edwin Thorne
John L. Weinberg
Walter B. Wriston

Audit Committee

Edward Ward Franklin,
Chairman
George F. Baker, III
Hays Clark
Walter G. Dunnington, Jr.
Jerome H. Holland
George S. Moore
(Life Governor)
Mrs. Daniel R. Murphy
Ogden Mills Phipps

Medical Board

John T. Ellis, M.D.,
President
Joseph P. Whalen, M.D.,
Secretary
Joseph F. Artusio, Jr., M.D.
Robert L. Clarke, M.D.
D. Jackson Coleman, M.D.
Henry R. Erle, M.D.
Otto Kernberg, M.D.
William Ledger, M.D.
Wallace W. McCrory, M.D.
Robert Michels, M.D.
James A. Moore, M.D.
Willibald Nagler, M.D.
Mary Ann Payne, M.D.
Fred Plum, M.D.
George Reader, M.D.
Albert L. Rubin, M.D.
G. Thomas Shires, M.D.
David D. Thompson, M.D.
Hibbard E. Williams, M.D.

Development Committee

Mrs. John Elliott, Jr.,
Chairman
George F. Baker, III
Frank A. Bennack, Jr.
Mrs. Alexander T. Daignault
Mrs. Vincent de Roulet
Oscar Lewis Dunn, Jr.
Ms. Charlotte Ford
Maurice R. Greenberg
Ms. Marifé Hernandez
Mrs. Daniel R. Murphy
Stanley de J. Osborne
Ogden Mills Phipps
William P. Tavoulareas
Edwin Thorne
David W. Wallace
Harold Weill
(Life Governor)
Mrs. L. Patton Kline
(Auxiliary)
John A. Evans, M.D.
William D. Given, M.D.
Frank Glenn, M.D.
Albert L. Rubin, M.D.
Irving S. Wright, M.D.
Mrs. C. Payson Coleman, Sr.
(Public Member)
(Other persons may be added)

Facilities Planning & Review Committee

Paul E. Taylor, Jr.,
Chairman
Hays Clark
Oscar Lewis Dunn, Jr.
Maurice R. Greenberg
Robert W. Purcell
David W. Wallace
Robert H. Abrams
(Public Member)

Finance Committee

Frank S. Streeter,
Chairman (Finances)
George F. Baker, III
Oscar Lewis Dunn, Jr.
Edward Ward Franklin
Frederick W. Gluck
(Financial Planning)
Kenneth H. Hannan
Devereux Milburn
David W. Wallace
(Personnel & Retirement Policies)
John L. Weinberg
(Budget)
Richard de J. Osborne
(Public Member)
(Data Processing and Computer Systems)

Investment Committee

Edwin Thorne,
Chairman
George F. Baker, III
Hays Clark
Edward Ward Franklin
Augustus G. Paine
(Life Governor)
Ogden Mills Phipps
Robert W. Purcell
Paul E. Taylor, Jr.
Harold Weill
(Life Governor)

Nominating Committee

James H. Evans,
Chairman
Mrs. Alexander C. Cushing
(Life Governor)
Mrs. Vincent de Roulet
Mrs. John Elliott, Jr.
Kenneth H. Hannan
Devereux Milburn
Robert W. Purcell
Frank S. Streeter
Frederick K. Trask, Jr.
(Life Governor)

Operations Committee

Mrs. Vincent de Roulet,
Chairman
(Rehabilitation Medicine)
George F. Baker, III
(Otorhinolaryngology)
R. Palmer Baker, Jr.
(Psychiatry)
Frank A. Bennack, Jr.
(Perinatology Center)
Mrs. Alexander C. Cushing
(Life Governor)
(Ophthalmology)
Mrs. Alexander T. Daignault
(Nursing Service)
Oscar Lewis Dunn, Jr.
(Pathology)
Walter G. Dunnington, Jr.
(Public Health)
Frederick W. Gluck
(Medicine)
Marifé Hernandez
(Obstetrics and Gynecology)
Devereux Milburn
(Surgery)
Ogden Mills Phipps
(Anesthesiology)
Frank S. Streeter
(Neurology)
William P. Tavoulareas
(Burn Center)
Paul E. Taylor, Jr.
(Rogovin Kidney Center)

Edwin Thorne
(Cardiovascular Center)
David W. Wallace
(Radiology)
Harold Weill
(Life Governor)
(Pediatrics)

Public Affairs and Special Events

Mrs. Marifé Hernandez,
Chairman
Ms. Charlotte Ford,
Vice-Chairman
Frank A. Bennack, Jr.
Oscar Lewis Dunn, Jr.
Mrs. L. Patton Kline
(Auxiliary)
Mrs. David Evins
(Public Member)
Mr. Thomas Wise
(Public Member)
(Other persons may be added)

The Society of the New York Hospital Committee

Mrs. Alexander T. Daignault,
Chairman
Walter G. Dunnington, Jr.,
Vice-Chairman
Jerome H. Holland
(Other persons may be added)

Frank H.T. Rhodes,*
Chairman
James E. Evans**
Frederick W. Gluck**
Robert S. Hatfield*
Jansen Noyes, Jr.*
Charles T. Stewart*
Frank S. Streeter**
Stephen J. Weiss*
Walter B. Wriston**

*CORNELL REPRESENTATIVE

**HOSPITAL REPRESENTATIVE



The year under review, 1979, has been a difficult one, balanced by many positive achievements resulting from the gratifying and continued great efforts on the part of our 5,000 professional, voluntary, and support personnel.

Board of Governors

During 1979 the Board of Governors elected four new members, Ms. Charlotte Ford, and Messrs. Maurice R. Greenberg, chairman of American International Group, Inc., Frank A. Bennack, president and chief executive officer of the Hearst Corporation, and Oscar Lewis Dunn, Jr., immediate past chairman and chief executive officer of the New York Chamber of Commerce and Industry. Dale R. Corson retired at mid-year, concurrent with his retirement as president emeritus of Cornell. As a result, we now have, for the first time in several years, a full complement of thirty Governors.

It is also my sad duty to report the deaths of two of our Life Governors, Samuel S. Duryee, who served helpfully as a Governor from 1953 to 1965; and Louis M. Loeb, who contributed greatly in many ways to our institution from the year of his election, 1950.

All members of our Board have been actively working on our various committees, which are essential to the overall management of The New York Hospital.

At year-end the Board also created a new Development Committee, with Mrs. John Elliott, Jr. as chairman, and elected her a vice-president of the Society.

To this committee has been entrusted the great task of finding the financial resources which will permit The New York Hospital to expand its very crowded facilities, continue its growing programmatic efforts, keep up with the best in modern medicine, and maintain its fiscal integrity.

Another new committee, Public Affairs and Special Events, has also

been created with Ms. Marifé Hernandez as chairman and Ms. Charlotte Ford as vice-chairman. This committee carried out two most successful events in 1979: the first showing in New York of the Broadway show "Evita," and the "Royal Charter Ball" in October.

A very active Auxiliary, with Mrs. L. Patton Kline as President, continues to carry out a number of successful programs that support essential services within the Hospital. The latest move has been the opening of a new Thrift Shop at 439 East 71st Street, near the Hospital.

Of greatest importance has been a basic change in the cooperative handling of affairs between the Cornell University Medical College and the Hospital. At mid-year a newly constituted Joint Board of five representatives from each institution's Board was formed. Its objectives are to understand the many matters that affect both of these sister institutions, and to recommend to the respective Governing Boards actions which will further good relations, improve the quality of patient care, education and research, and maintain the financial health of the entire Medical Center.

One of the major decisions reached, and approved by both boards, was the establishment of a "Strategic Planning" operation with executive leadership by Dr. David D. Thompson, director of the hospital, as chairman, Dr. Theodore Cooper, dean of the Medical School, as vice chairman, Dr. Robert Michels, as chairman of a Steering Committee, and Hospital Governor Frederick W. Gluck and Cornell Trustee Stephen H. Weiss as members.

This planning program, using selected members of the faculty and staff from every branch of the Center, as well as experts from outside our immediate operations, is expected to take about two years. It is dedicated to the task of identifying the forward course and the needs of the entire

Center, as well as of modern medicine, for the obviously difficult decade ahead.

The "Joint Board," which meets monthly, already has shown its value by helping the entire Center through the occasional philosophical problems that arise, even among two affiliated institutions, closely intertwined but operating under separate charters and governance, and with different basic missions.

I believe that the reconstitution of the Joint Board should be one of the better and more constructive governance moves which have been made in the long and close relationship between Cornell University and our Hospital.

Clinical Departments

Three very important clinical departmental chiefs, appointed in 1979, Drs. D. Jackson Coleman (ophthalmology), William J. Ledger (obstetrics and gynecology), and Hibbard E. Williams (medicine)—have most recently been joined by Dr. Maria I. New, as pediatrician-in-chief. Dr. New, previously director of the Division of Pediatric Endocrinology at this Hospital, has had a brilliant career in research and clinical practice. Her appointment is recognized as a most welcome one by the entire Hospital community.

These four recent appointments complete a very major change over the past few years, as new clinical chiefs have taken over six of the twelve departments.

Nothing will be more beneficial for this institution than the filling of all these posts with distinguished new chiefs, and being ready to face the changes and problems in medicine and patient care which assuredly will face all institutions such as ours in this new decade.

Affiliations

In my 1978 report, I made mention of the "affiliations-and-referrals" program which was started in that year.

To take advantage of the highly-respected advanced technology and medical practice available at this Medical Center, an impressive number of hospitals in the metropolitan area have affiliated with the Hospital and the Medical College during the past twelve months. Not only has this program enhanced the opportunities for better patient care and professional staff education at these affiliated institutions, but it has also provided a much needed better occupancy within many of the specialty areas of our Hospital. a special "affiliations" office created to facilitate this operation has become an important link in this new service to the sick throughout the area.

Facilities

We continue to improve facilities throughout The New York Hospital. But it must be realized that, except for one four-story building, there has been no important physical expansion since this great complex of buildings was created fifty years ago.

Therefore, much time has been spent over the past year on the task of planning for, and financing of, the construction of a new, desperately needed building to house a variety of diagnostic activities (radiology, pathology, nuclear medicine, blood bank, etc.) all of which have badly outgrown present facilities. In addition, this building will make it possible to provide "one-class" ambulatory care, which will greatly improve such care, and—it's hoped—reduce the impossible deficits which the current ambulatory care system continues to amass. The plan calls for a building using the air-rights across 70th Street, and rising from the third to the eleventh floors.

Also looking to the future, we are hoping that financial resources will become available to improve desperately needed in-patient facilities, to reconstruct aging areas in the "Lying-In/Pediatrics" and "Payne Whitney" buildings and, eventually, to provide a building to house doctors' offices, desperately needed small apartment

units for nursing and other staff members, and hotel-type quarters for the increasing number of quasi-ambulatory patients who no longer need in-patient facilities for extended stays.

Finances

Despite vastly improved management controls, outside influences continue to make it virtually impossible for any teaching hospital in New York State, geared to the care of both simple and very complicated illness, to keep on an even financial keel.

Of course, we can point to vastly inflating everyday costs such as energy, of which we obviously are large consumers. We can cite constantly escalating salaries, wages and fringe-benefits, which take nearly 70 percent of our income dollar, or of food, supplies, and other expenses, none of which have been reduced in cost. These cost increases, however tightly controlled, are obviously not unique to our institution, for what business or family is not suffering the same way?

What does hurt, however, is the continuation of bizarre methods used by third-party payers and insurers who today are responsible for over 90 percent of the bills rendered to our patients.

—Hospitals with the same services, with the same objectives, with the same management controls as we, BUT in other states are not suffering to the same degree as those of us located in the State of New York. I wish I could believe that this means that New York State is doing a better fiscal job than some of our neighboring states. It isn't.

—The supposed incentives which many of the reimbursement rules are thought to provide for better hospital management turn out to have diametrically opposed results, for in a large state, such as New York, it is incomprehensible that all hospitals—community,

municipal, and the more advanced—should all be treated alike, or that they will all react the same financially to the same imposed rules.

Over recent years, in order to maintain a semblance of balance, we have had to file appeals against many such rules and/or their interpretation, and in a number of cases have had to depend on court decisions. In the end, we have been largely able to succeed, but obviously at a large (and unnecessary) cost in time, lost interest income, and large legal fees.

Again for 1980, the reimbursement rules have been changed, ostensibly to give low-occupancy, or over-bedded, hospitals incentives to increase their patient population and to reduce the "length of stay" in such institutions. However, as my report last year pointed out: "All hospitals are not the same," and what may be a good idea for certain laggard institutions is disastrous for a first-line tertiary and referral hospital where, IF we now make our existing facilities available to more patients than we now serve, we will be penalized, the exact reverse of the result which will come to the low-occupancy institutions. Bureaucratic wonders will never cease; but, despite this nonsense, and as a matter of our own policy, no sick person will be turned down for silly reasons such as these.

We should reiterate what we have said before, and repeatedly, that we, no less than our various governments, look with horror on the ever-increasing costs of all medical care, but to "hold the line" or to make reductions by capping income through *fiat*, without also controlling the expenses of the vast bureaucracy supervising medical care, becomes a road to disaster.

In this country, we still have one of the finest health-care systems in the world, but we are unfortunately headed down the same road that has been followed by other countries intent on making health a government-controlled enterprise, in the name of "medicine-for-all."

Conclusion

It would be remiss of me were I not to mention the 41-day stay at New York Hospital by the Shah of Iran from late October 1979 to early December. This was no ordinary patient-stay, for it focused upon our institution the attention of the world's press, the interest of everybody, and it, naturally, invoked massive security precautions.

Without going into infinite detail, however, I want to express the Governors' deep gratitude to all of the Center's 5,000 professional, administrative, and service personnel for their devoted attention during this period. We accepted the Shah, as we would any ailing person from any walk of life, and from any part of the world, in order to give him the best possible medical attention. Our entire attention was on the Shah's recovery, without involvement in the unfortunate political and diplomatic circumstances that surrounded his stay with us.

This mission was carried out, by all, with distinction, with understanding, and with only a single-minded *medical* objective.

It was an outstanding example of what makes this Hospital one of the leaders in its field throughout the world. Thanks, again, to all!

Having expressed these feelings, I want to add my personal pride to all of those who make up this great institution, for their faithful adherence to the highest standards of attention to the tenets of good medicine in every day of every year.

Respectfully submitted,



Stanley De J. Osborne



In closing out the decade of the Seventies and entering the Eighties, it is time to reflect on what has happened and what we may expect. The past ten years have seen great changes in the operations of the Hospital. Six new chiefs of service were appointed. Dr. Robert Michels was appointed psychiatrist-in-chief in 1973, Dr. G. Thomas Shires, surgeon-in-chief in 1975, Dr. Joseph P. Whalen, radiologist-in-chief in 1976, Dr. Hibbard E. Williams, physician-in-chief in 1978, Dr. William Ledger, obstetrician and gynecologist-in-chief in 1978, and Dr. D. Jackson Coleman, ophthalmologist-in-chief in 1979. Just beyond the end of 1979 came the appointment of Dr. Maria New as pediatrician-in-chief. They replaced equally distinguished leaders: Dr. William T. Lhamon, psychiatry; Dr. Paul Ebert, surgery; Dr. John A. Evans, radiology; Dr. Alexander G. Bearn, medicine; Dr. Fritz Fuchs, obstetrics and gynecology; Dr. Donald M. Shafer, ophthalmology; and Dr. Wallace W. McCrory, pediatrics. Outstanding leadership continues to be provided by Dr. Fred Plum, neurologist-in-chief; Dr. Joseph F. Artusio, anesthesiologist-in-chief; Dr. John T. Ellis, pathologist-in-chief; Dr. Willibald Nagler, psychiatrist-in-chief; and Dr. James A. Moore, otorhinolaryngologist-in-chief. Dr. Moore, who has served for 33 years, hopes to retire from his present position in 1980.

Key administrative personnel changes occurred in the Seventies. Muriel Carbery retired as director of nursing service in 1970 and was succeeded by Eleanor C. Lambertsen, who had served as dean of the School of Nursing and had succeeded Muriel Carbery in that role, too. Dr. Melville A. Platt became executive associate director and Julius D'Elia senior associate director.

Washington and Albany enacted significant legislation which changed our way of life. In 1974 Congress enacted Public Law 93-641, the National Health Planning and Resources

Development Act, which established local planning by the Health Systems Agencies (HSA) and overall planning by State agencies. This act has resulted in a new approach to the planning and allocation of resources. No longer can a hospital build new facilities, start new programs or purchase expensive equipment without HSA and state approval. Further, the state is taking a hard look at the number of hospitals and hospital beds, with the objective of "shrinking the system." In 1969, the State enacted cost control legislation which was implemented during the Seventies. Prospective replaced retrospective reimbursement. Under retrospective reimbursement hospitals were generally paid the costs for in-patient services, irrespective of the annual cost increase. Under prospective reimbursement, the state sets rates for Blue Cross and Medicaid, covering about 50 per cent of our patients. This is supposed to allow hospitals to plan their budgets accordingly. Unfortunately, the prospective rates lagged behind the inflationary costs and the expensive changes in the practice of medicine. All hospitals, and The New York Hospital is no exception, have suffered large operating deficits which have depleted their funds to an alarming extent.

The most serious financial problem remains the losses suffered in providing ambulatory care to the "working poor." These unfortunate people are not eligible for Medicaid, have no insurance for ambulatory care and cannot afford to pay for outpatient care. Compounding the problem was the freezing of the ceiling on Medicaid payments for outpatient care. In 1979 the Society's deficit from outpatient operations was 6 million dollars. We cannot cover such losses in the future and must find ways to reduce this mounting deficit.

As we enter the Eighties we must plan now for the years ahead. Al-

though history tells us our predictions are often wrong, unfortunately, they are often overoptimistic. Tested assumptions and trends should guide our course. Key assumptions relate to a number of factors, some external and some internal.

Cost Containment

Emphasis on cost containment began in the Seventies and will continue with increasing force in the decade ahead. Widespread perception at all levels of government is that the cost of medical care is too high and that the rate of increase must be reduced. Hospitals are especially targeted because costs have escalated well above that of the general economy, often at twice the rate. The reasons for this are not well understood. For many years salaries paid to professional and non-professional hospital employees were low. A "catch up" period in the Sixties and Seventies added significantly to the escalating costs. Secondly, the advances in medical science were translated into new and better diagnostic and treatment methods. These expensive additions added costs beyond those in the general economy. Thirdly, in teaching hospitals, which traditionally have provided most of the specialty services and the most complex care (tertiary care), the percentage of patients requiring tertiary care has steadily increased. This more expensive care adds a significant increment to our annual operating costs. To visualize the trend to tertiary care, walk through the Hospital and note all the special care units and reflect on how they have expanded over the years.

The President and Congress have proposed legislation to limit the escalation of hospital costs. Hospital associations and medical organizations have mounted a voluntary effort to contain costs. If this effort fails to satisfy governmental goals, probably reflecting the view of the public, legislation will almost certainly be enacted within the next few years.

Because New York State has controlled the escalation of hospital costs by controlling hospital payments, we can forecast the impact nationally, based on experience. Hospitals will close, many because of bankruptcy. Hospitals will merge, leaving one clinical department where two existed, with less duplication of clinical and other services. Each remaining hospital will examine its operations to seek cost reductions. New services and programs will be sharply curtailed. Concern will be expressed that we are not keeping up with advances in medicine and that high standards of care in the country will fall.

Regionalization

The impact of the HSA and other planning agencies will continue to increase in the next decade. No one questions the need for planning, but the objectivity and soundness of the planning process will come under heavy attack. Unfortunately, the implementation of plans becomes immersed in the political process and decisions are made, in many instances, on political grounds. Conflicting goals of different constituencies and communities will continue to hinder the implementation of regional plans. In the institutions the planning process becomes ever more important and time-consuming. Delays in carrying out needed facility or programmatic improvements are frustrating. We must adapt because I see no likelihood that the legislation or the process will disappear.

Alternative Methods of Care

Because costs of hospitalization are high, increased efforts will be made and governmental programs will be developed to promote alternatives to hospitalization. These include more and better nursing homes and vastly greater emphasis on home care. Financial incentives to provide care in the home will be developed. New organizations and cadres of health care professionals and non-profes-

sionals will shift the emphasis from institutional to home care. Overall, savings should accrue as well as a more satisfying setting for patient and family.

Manpower

We have seen a shift in the education and training of physicians. Spurred on by the public's desire to have a family doctor, medical students have shifted significantly to preparing for careers in internal medicine, pediatrics and family practice. The Federal government forced the issue by requiring that half of the doctors being trained enter the primary care disciplines mentioned above. This trend is quite likely to continue in the Eighties, even to the extent of oversupplying the market. If this happens, we may expect to see physicians returning for additional training in specialties.

Nurses are in short supply and will probably remain so in the Eighties. It is unfortunate that the emphasis on baccalaureate nursing degrees resulted in closing the diploma schools without an adequate increase in baccalaureate programs. Federal and state initiatives to educate more nurses will be needed.

Organization of Medical Care

Prepaid medical plans have grown slowly over the last two decades. They are likely to grow more rapidly in the decade ahead because of Federal support and a broader marketing program. Because hospitalization costs less for people enrolled in prepaid plans, it is widely believed that enrolling a higher percentage of the population in these plans will reduce health care expenditures. For the most part, physicians have resisted involvement in prepaid plans, preferring a fee-for-service income to a salary. Recent modifications may be more attractive to physicians because they combine a fee-for-service practice prepaid medical plan. It is likely that this approach or others yet to be developed will increase in the decade ahead.

National Health Insurance

Medicare and Medicaid programs were introduced in the mid-Sixties. The cost of the programs greatly exceeded the estimates at the time. Congress and the Executive Branch have been reluctant to enact a National Health Insurance Program, in great measure because of the additional costs, at a time when the Federal budget is large and growing rapidly, and a large deficit exists. At the same time there is great public pressure to provide more comprehensive coverage for illness and it is likely that some legislation will be enacted in the next few years. The approach will probably be piecemeal, designed to fill gaps in coverage, but short of a truly comprehensive plan.

Federal Versus State Control

When legislation is considered, particularly at the Federal level, debate ensues as to whether control should be vested in the Federal or state governments. Most hospitals favor state control on the assumption that the local control will be more sensitive to the needs. On the other hand, how evenhanded will control be from state to state? We in New York State are particularly sensitive because the controls, particularly in regard to hospital reimbursement, have been more onerous here than in most states. As national health insurance is debated in years ahead the issue of Federal versus state controls will be prominent. While favoring state controls as being theoretically more sensitive to local needs, I would favor Federal guidelines to prevent overzealous regulation by states.

The next decade will be tumultuous if not wholly satisfying to hospitals generally and The New York Hospital in particular. We will need to be alert and sensitive to the needs.

Respectfully submitted,



David D. Thompson, M.D.

Despite besetting financial and government regulatory burdens, the hospital in 1979 more than held its own in its basic commitment to maintain the highest quality of medical care and research. In fact, The New York Hospital prepared to enter the new decade with major innovations in clinical care and, in collaboration with Cornell University Medical College, research and teaching programs. The International Health Care Service, Comp-Care (offering one class of care to outpatients), and an entirely revamped and expanded Department of Ophthalmology, were just a few of the new programs launched in 1979 to meet the health needs of the public in the 1980's. This report touches on other new programs, and outlines progress in scores of others. All in all, it is an encouraging report, reflecting the administration and staff's optimism that—with some understanding from government legislators and regulators and "a little help from our friends"—we will continue to meet the high standards that have been the tradition of The New York Hospital in its more than two centuries of service to New Yorkers and the world.

Perinatology

The Perinatology Center completed its fifth year of intensive, extremely specialized care of newborns and pregnant women at risk with an undiminished tempo of activity but no sacrifice of tender loving care. More than a thousand infants were admitted—10 percent more than in the year before—and many of these were from hospitals as distant as 100 miles from New York City. The Perinatology Center is the hub of a network of more than a score of hospitals excelling in quality but lacking the expensive facilities and highly trained specialists to care for life-threatened infants and mothers-to-be. No infant is refused transport and admission to the unit, which is open 24 hours every day of the year. A team

of physicians and nurses use helicopters and special transport vehicles—including a completely equipped "neonatal intensive care unit on wheels"—to transport infants with breathing disorders and birth defects.

At the center, consultants in cardiology, neurology, hematology and surgery are available. As a result of efforts by the staff to encourage community physicians in the region to recognize high-risk pregnancy, almost 100 mothers were transported to The New York Hospital before delivery, so that their infants might be admitted directly to the center without the need for an extensive transport. Older children have also been transported to the Department of Pediatrics, using the transport team established by the Perinatology Center. Thus the expertise in transport of sick children is having a beneficial effect on the overall teaching program and clinical care of the Hospital.

The center bears a major teaching responsibility. It conducts lectures, rounds and case reviews at all the hospitals participating in the transport network. Topics include resuscitation of the newborn infant, monitoring high-risk pregnancy, infection in the newborn, respiratory distress, nutrition and physical diagnosis of problems in the neonatal period. A weeklong residency is available for community physicians who want practical, bedside experience in caring for high-risk newborns.

Within the Hospital, the center gives three or four institutes in the "Care of High-Risk Infants" to senior nurses from all over the United States. The institutes are funded by the Federal Children's Bureau and the New York State Department of Health. Third-year medical students rotate through the nurseries and intensive care unit as part of their pediatric training.

In the third area of the center's activity—research—members of the unit continued their studies on the control of breathing. These investigations revealed that theophylline, a

drug used to stimulate respiration in certain premature infants, was a metabolic stimulant even in relatively low doses when administered to relieve apnea (absence of breathing) in premature babies. Work was continued on an electronode expected to improve diagnosis and shock treatment of the newborn infant. Dr. Gail Ross has followed up on infants who received tracheotomies during the first two months of life. She has found that, despite a stormy course, with many complications, these children learn to speak, and that neonatal tracheotomy need not permanently delay language development. This work opens up promising avenues of research in the development of language in children.

Use of the computer in patient monitoring and care is a special interest of Dr. William Frayer, who has generated useful computer-generated record forms which maintain a complete data file on all infants. Drs. Armando Grassi and Sylvia Schechner have studied infants with intercranial hemorrhage. Although infants with the most serious hemorrhages have a poor prognosis, the researchers have found that the prognosis for intraventricular bleeding is in general much better than previously thought. Their work shows that newer methods of diagnosis, specifically computerized tomography (CT scan) of the head, permit more accurate diagnosis and therapy for critically ill newborn infants.

It is not enough to save a newborn baby's life. Drs. Schechner and Ross have expanded the activities of the perinatal follow-up clinic to include psychological evaluation and neuromuscular treatment of high-risk infants discharged from the neonatal intensive care unit of the center. They have added to their staff two discharge nurses who coordinate this follow-up activity and visit the patients at home. Dr. Miriam Sherman, staff psychiatrist,



has formed a support group of "alumni" parents to aid new parents in adjusting to the illness of their children.

Medicine

The new teaching group medical practice, called Comp-Care became a reality in July, with Dr. Robert Braham as director. The group is intended to exemplify one-class care—but first-class gracious care—in a teaching setting. The group includes four other internists, a nurse practitioner, and physician's assistant. In addition, 20 interns and a number of nurses and medical students participate. Demand for care is increasing rapidly.

In the Gallstone Treatment Center, a number of instances of complete gallstone dissolution have been found among the group of patients who were recruited two years ago. The Gastroenterology-Hepatic group has begun a trial with the new hypolipidemic drug, Gemfibrozil.

An important new study was started by the Metabolic Division, in collabo-

ration with The Rockefeller University. Using new techniques and devices, the researchers are showing it is possible to achieve precise control of the blood sugar in pregnant diabetic women, with great benefit to both mother and child.

The Division of Ambulatory Care continued to serve 210 patients for detoxification and maintenance in the Adult Methadone Center, with full supportive services in the Hospital. The clinic is considered a model for similar centers in New York City.

The neighborhood health clinic at the Stanley Isaacs Center is staffed by five physicians from the Department of Medicine, in association with the Department of Social Work. The clinic also maintains a consultation service for the homebound elderly, with the mission of keeping the frail elderly out of hospitals unless necessary. Patients are referred for care not only from the Stanley Isaacs clinic but also from a growing number of community pro-

grams, including Lenox Hill Neighborhood Association's SCOPE program, Search and Care, the Burden Center for the Aging, and several settlement houses. The Geriatrics Fellow, who is supported by the newly established DeWitt Wallace Reader's Digest Fellowship, is an important member of the team.

Early in 1980, the Geriatrics Division launched a hypertension screening and treatment program in conjunction with the New York City Department for the Aging in five senior centers. The Division, under Dr. Marc Weksler, is also cooperating with St. Patrick's Cathedral in its health programs for the elderly.

In the Division of Human Ecology, Dr. Lawrence Hinkle completed the final five-year follow-up of 1,045 middle-aged men and older men in his "sudden death" study. The 141 deaths that occurred among these men have been investigated extensively, with thorough tabulations of their daily activity patterns and electrocardiographic data. The studies show that

sudden death is in large part due to silent and unrecognized heart disease which has existed for varying lengths of time before death.

A commitment of \$1 million by Stavros S. Niarchos helped enable the Medical Center to create a new Division of International Medicine within the Department of Medicine. The division opened an International Health Care Service, a first for the New York area, for tourists and business travelers planning trips abroad, or returning with medical problems contracted while traveling. The service is already oversubscribed with patients in need of travel advice, immunizations, diagnostic evaluation and treatment.

The division developed an integrated program of research in protozoal and bacterial disease, and initiated the B.H. Kean Course in Tropical Medicine. A five-year \$2.5 million grant enabled Medical Center researchers to conduct collaborative studies in Brazil on leishmaniasis and Chagas' disease. Additional research funding has been received from the World Health Organization, Rockefeller Foundation, the National Institutes of Health, the Heiser Foundation and the Hull Trust.

A three-year program on Drugs and Aging got underway in the Division of Clinical Pharmacology, under the joint aegis of the Department of Medicine and the Department of Pharmacology. The program is unique in that it combines teams of laboratory researchers and clinical care physicians in a close relationship, so that the "test tube" approach of the basic scientists is integrated with the "hands-on" experience of the doctor who sees human patients every day. The particular subjects being studied by three teams under the chief investigator, Dr. Marcus Reidenberg, concern the effect of the aging process on the way the kidney handles drugs and other foreign chemicals. The researchers have already shown that the rate of renal tubular secretion of some drugs declines with age much more rapidly than overall renal function declines. The clinical pharmacolo-

gists give high priority to educating house staff and other doctors in the appropriate use of blood level measurements to avoid giving patients tests that are unnecessary or hard to interpret. Dr. Reidenberg hopes by this approach to improve the effectiveness of tests and at the same time help control health care costs.

Genetic Counseling

The Hospital emphasizes that patients today, and well people, too, can and should take greater charge of their own personal health, and avail themselves of the counsel and sophisticated equipment provided by this and other medical centers. As a result, genetic counseling has become a "major growth area." Should a woman in her late thirties have amniocentesis to determine the baby's chances of survival and good health? What if there is a family history of Tay-Sachs, hemophilia or other inherited disease? The Division of Human Genetics consulted with more than 300 patients in 1979. The Westchester Division is now planning an Outreach Genetics Counseling Program as well.

Researchers in the Division of Hematology-Oncology reported several major accomplishments, including advances relating to regulating mechanisms for blood-clotting, and the function of blood platelets in the body.

An education program and patient referral service in infectious disease was begun with LaGuardia Hospital, including weekly teaching rounds and conferences. An infectious disease referral clinic was also established in collaboration with the Hospital's new International Health Care Service.

The Medical Center's increasing involvement in community health was evidenced in several important aspects in 1979. Dr. Michael Alderman, who holds appointments in both Public Health and Medicine, became senior program consultant to the Robert

Wood Johnson Foundation's Chronic Disease Care Program. The goal of this national program is to establish community hospital-based systems to facilitate long-term comprehensive care of persons with chronic diseases. The program aims to use techniques of care developed in Dr. Alderman's work-site hypertension control programs for the thousands of employees at several New York department stores. Public Health researchers are investigating cancer mortality among wood shop workers in the General Motors Company. Several other industrial groups are also under study to identify possible hazards in the work setting. Dr. George C. Reader, chairman, has undertaken a study of occupational hazards for members of Teamster Local 237, which provides maintenance services for New York City Housing Authority projects.

Late in the year, Dr. Alderman under the supervision of Dr. John Laragh, director of the Cardiovascular Center, launched the Cardiovascular Risk Reduction Program. The program invites physicians to refer patients who need to follow a health regimen to bring down their vulnerability to heart and related ailments.

Dr. Robert Millman has continued his studies of adolescent heroin addiction through special demonstration clinics supported by New York State. As director of the Drug and Alcohol Abuse Service of the Payne Whitney Clinic, Dr. Millman coordinates the Medical Center's research and treatment efforts in these areas. He is studying sociological and psychological aspects of compulsive substance abuse in these programs, and, in collaboration with researchers at The Rockefeller University, a variety of metabolic studies are underway.

Surgery

New operating rooms have been completed for peripheral vascular surgery, neurosurgery and the fracture service. The OR's have the capacity for bi-plane imaging and have equipment

with memory units, permitting the use of the latest surgical techniques. Open heart procedures increased, as did plastic surgery, particularly in breast reconstruction.

The peripheral vascular surgical division, initiated in 1978, has become significantly more occupied with the problems of occlusive vascular disease. Dr. Michael Silane, who returned from two years of investigative work and clinical study, has joined Dr. Malcolm Perry on the full-time staff of the Vascular Service and the two are in the process of initiating the Peripheral Vascular Diagnostic Clinic. In 1979, 13,270 operations were performed in the main operating room. The scope of the department's work may be seen by a glance at the wide range of surgical procedures it performs: cardiovascular, dental, ear-nose-throat, eye, fracture, neurosurgery, pediatrics, thoracic, transplant, urology, plastic, burn, gynecology, cadaver harvesting, and general surgery.

A major gift permitted the department to establish the Harvey Williams Cushing and Katherine Crowell Cushing Memorial Fellowship, designed to sponsor young scholars in careers in academic surgery.

Cardiovascular Center

The center's staff sees more than 700 outpatients a month, and another 300 clinic patients as part of the single class outpatient facility. All patients are evaluated for hypertension and related cardiovascular problems and receive the benefits of the most modern treatment programs.

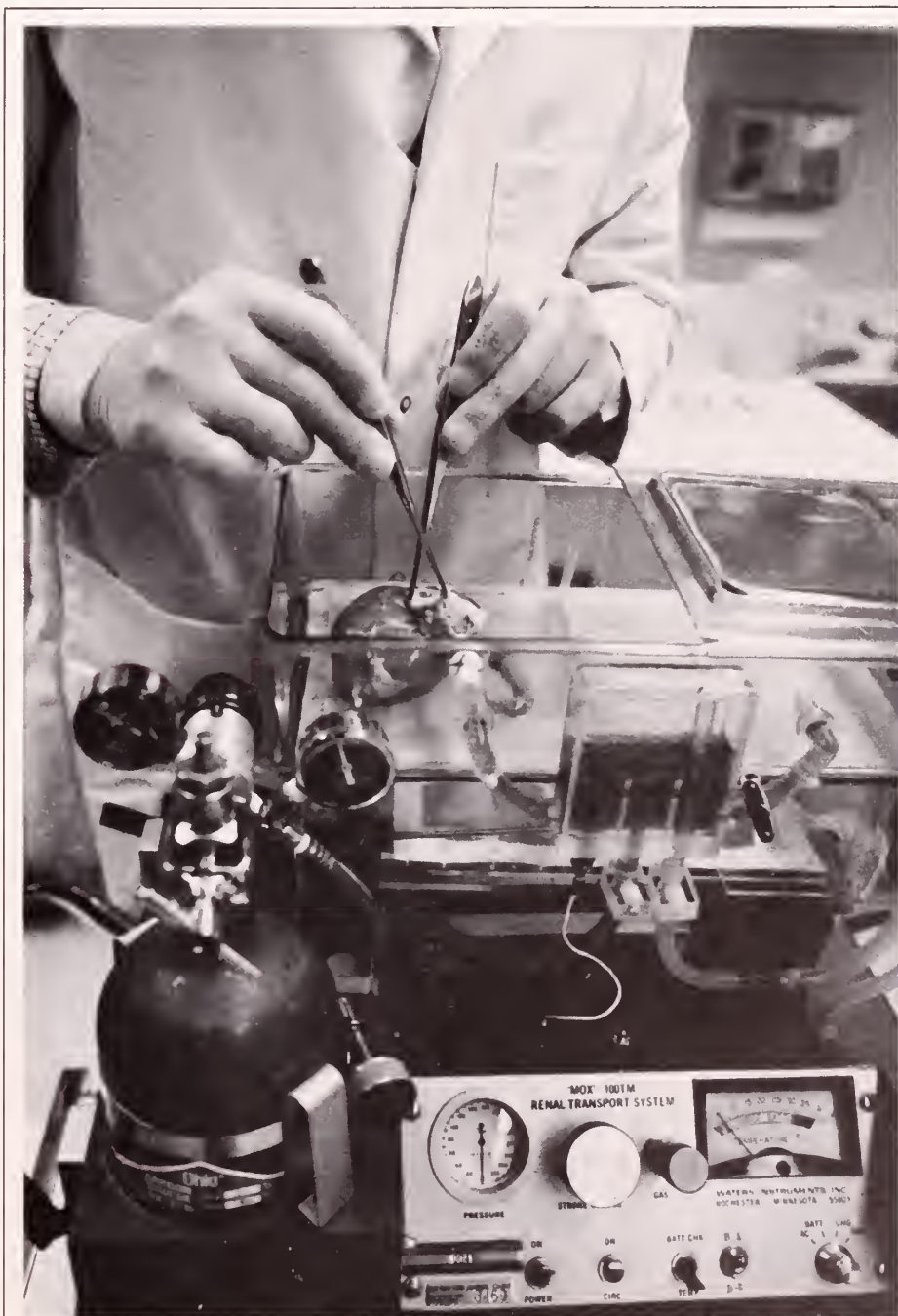
Some patients, with their permission, participate in research drug studies, sometimes in the Clinical Research Center where several important hypertensive drugs are being evaluated. Other research includes studies of blood viscosity related to hypertension, by Dr. Robert Lee Letcher, and Dr. Thomas Pickering's studies of stress

mechanisms and exercise and their effect on the cardiovascular system. Dr. Benjamin Romney is studying the important problem of toxemia of pregnancy and high blood pressure in pregnant women.

The Andrew W. Mellon Foundation honored the Cardiovascular Center with a special award to support the interdisciplinary basis of its research and treatment program for three years.

The fund will help attract outstanding young scientists to the center.

In 1979 the renovation of the Coronary Care Unit was completed, with the latest in equipment, as well as specialized rooms for procedures such as the insertion of pacemakers, balloon assist pumping and electro-physiological testing. Dr. Jeffrey Borer, previously head of nuclear cardiology at the National Heart, Lung and Blood Institutes, was appointed director of



the Cardiac Catheterization Laboratory and director of the new Division of Nuclear Cardiology. His collaborator in this endeavor is Dr. Jerry Jacobson of the Department of Radiology.

The development of a stronger patient group practice helped build the Center's prestige. Extensive renovations in the heart station, particularly the addition of new computer equipment, added greatly to the Hospital's ability to meet the increased demands of its inpatient and outpatient population.

Rogodin Kidney Center

The Rogodin Kidney Center continued to function as a major interdisciplinary referral center for renal disease, including renal nephrology, and for dialysis and transplantation, as well as providing the services of the Division of Nephrology in the Department of Medicine. The dialysis program emphasized self-care and home dialysis for chronic renal failure. There are now 228 patients on hemodialysis, 163 at home, 57 in self-care at the Rogodin, and 101 on maintenance dialysis.

Twenty new patients were trained to dialyze themselves at home. This permits the patients and their families to live a much more flexible life than if they had to come to the center several times a week for hours-long dialysis. Home-care also substantially lowers the cost of treatment for third-party reimbursers and, indirectly, for the public at large.

Patients in peritoneal dialysis carry in their own bodies a quantity of fluid which performs in part the cleaning function of the kidneys. Some 800 such dialyses were done in 1979. In addition, a new program was started, in which patients are taught to dialyze themselves continually using a modified type of peritoneal dialysis. This treatment is expected to bring about excellent rehabilitation in many patients with chronic kidney failure, with an increased mobility and lower costs for treatment.

Pathology

The Department of Pathology's Blood Bank reported that use of whole blood and packed cell transfusion rose to 26,000, an increase of 10 percent over 1978 and 66 percent over 10 years before. Blood usage by the Neonatal Intensive Care Nursery and the Burn Center leveled off after several years of large increases, while the number of open heart surgery cases increased by 35 percent to 400 during 1979.

The expansion of the Hospital's categorical specialty care centers and intensive care units also accounted largely for a sizable increase in tests done by the clinical biochemistry laboratory. Testing for the private ambulatory and outpatient services increased 80 percent as a result of efforts to coordinate laboratory service with specific physician-patient needs.

The Laboratory of Microbiology and Immunology, one of the most highly reputed in the United States, continued to expand patient services, both in volume of individual tests and in a broader spectrum of test offerings. The laboratory, under the direction of Dr. Laurence Senterfit, is a reference laboratory of the New York City Department of Health and a special study laboratory for the national Center for Disease Control. Dr. Senterfit serves as chairman of the Board of Examiners and Advisers to the city's health commissioner on clinical laboratories.

Psychiatry

While staff and programs are moving briskly to the level of excellence set as a goal in the recent years, funding and facility improvement remained issues of concern. The department established a Committee on Long-Range Program Development early in 1979, and the Board of Governors appointed a Committee on Long-Range Planning for Psychiatry shortly after. The basic

physical structure of Payne Whitney Clinic is excellent, but its appointments and upkeep are inadequate. Plans are underway to expand the child clinic, improve inpatient care areas, rebuild doctors' offices and the library, and integrate administrative services with the general Hospital. To improve clinical care and help contain costs, beds were reallocated among inpatient services, with a shift from six to five bed units without a drop in total beds. Dr. Aaron Esman joined the full-time faculty with primary responsibility to restructure the adolescent program.

The Westchester Division continued to consolidate and develop a variety of programs. Dr. Charles Shamoian, formerly of Payne Whitney, became director of Geriatric Services, and is launching new programs for the elderly in conjunction with the Burke Rehabilitation Center and the Department of Medicine. Inpatient services were also reorganized and expanded under the direction of Dr. Katherine Halmi, to allow for the establishment of an Eating Disorders Program for patients with anorexia nervosa and bulimia. The Division of Community Services was formally established in Westchester and is responsible for integrating all ambulatory care services. Final plans for building a new Outpatient Department facility were submitted to the New York State Office of Health Systems Management and construction will begin as soon as the plans are approved. The renovated and enlarged medical library was opened in November.

Otorhinolaryngology

The busy Ear, Nose and Throat Clinic handled more than 10,000 outpatient visits during the year, and the department's surgeons performed almost 500 major procedures. The Speech and Hearing Center, which treated some 4,000 patients, also participated actively in the Handicapped Children's Program in cooperation with the New York City Department of Health. The Temporal Bone Research laboratory

continued to receive and process temporal bones, stapes, footplates and other material for histopathological study. The Otologic Research Laboratory continued its exploration of the causes of otosclerosis, a common cause of deafness in young adults.

Burn Center

A large part of the Burn Center's activity is an ongoing program to increase public awareness of the horrors of burns, how to prevent them, and what to do in case burns do occur. In 1979, two films were produced, one to help recruit nurses to burn service, the other telling the potential burn patient how to get to specialized burn facilities, with a description of the Burn Center. In addition, the Burn Center sponsored a major symposium for the lay public at John Jay College which provided expert advice on protection against burn injury. Seminars and exhibits for electric utility workers in Washington, D.C., a multimedia presentation at a large New York hotel, widespread news coverage on television and radio and in newspapers and magazines—all these activities in 1979 helped further establish the fact that The New York Hospital's Burn Center was the chief such facility, indeed the only one of its breadth and depth of service in the northeast region of the country.

More than 300 burn patients were admitted in 1979. Of these 80 percent were from the five boroughs of the city, 10 percent from Long Island and New Jersey, and the remainder from referring hospitals within 200 miles of New York City. Some 2,100 outpatients were also treated.

A true burn center carries, in addition to clinical care, a heavy teaching and research responsibility. In 1979, Burn Center staff gave more than 70 lectures to hospital staffs and medical societies in the New York area alone. In addition, clinical and research papers were presented in Oxford,

England, at the American Burn Association in Texas, the Surgical Forum of the American College of Surgeons, and the American Association for Tissue Banking. The National Institutes of health awarded the center a five-year grant of more than \$400,000 a year to investigate the pathophysiology of pulmonary dysfunction, diagnosis and treatment of smoke inhalation, physiological changes caused by shock and the subject of pain. All these research projects are being conducted by teams of researchers from the departments of Surgery, Physiology, Pharmacology, Psychiatry, Neurology and Pulmonary Medicine.

Ophthalmology

The Department of Ophthalmology has undergone major expansion with the appointment of a new chief of service, Dr. H. Jackson Coleman, the first John Milton McLean Professor of Ophthalmology, and an authority in ocular ultrasound and vitreo-retinal surgery. Dr. Coleman is the editor of several ocular and ultrasonographic journals, and is the co-founder of the International Ophthalmic Ultrasound Society.

The vice-chairman of the department is Dr. Robert M. Ellsworth, pro-

fessor of ophthalmology and director of the Ophthalmic Oncology Center.

Dr. Frederick A. Jakobiec is professor of ophthalmology and pathology as well as director of the Pathology Laboratories at the Manhattan Eye, Ear and Throat Hospital, an affiliate of the Medical Center.

A new tumor diagnostic center and ophthalmic oncology center has been established in the old ophthalmology clinics. About 30 patients a week with ocular tumors are seen in this center, making it the largest of its kind in the country.

Two new operating rooms outfitted with Zeiss operating microscopes have extended the department's operating capacity, allowing the introduction of new microsurgical techniques, particularly in the area of tumors, retinavitreous and intraocular lenses.

Research in ultrasonography is following two pathways: computer-aided diagnosis aimed at developing an ultrasonographic microscope which will allow precise tissue diagnosis; and therapeutic ultrasound, using instrumentation that delivers higher levels of ultrasonic energy to ocular tissues. This procedure can play a role in the destruction of vitreous membranes, retinal vascular pathology, and



intraocular tumors. Also being explored is the potential for therapeutic ultrasound to create openings from the anterior chamber to the surface of the eye, as filtering operations for the control of glaucoma.

Clinical and basic ophthalmic oncology constitutes a very active area of research. The retinoblastoma patients are being constantly studied for tissue markers that will allow greater insight into their disease. Laboratory experiments with mice allow researchers to characterize the growth potential of these tumors, as well as their susceptibility to various drugs and immunotherapy. Tissues removed from patients with ocular tumors are also being studied by electromicroscopy.

Dr. David Karlin, collaborating with scientists at Bell Laboratories, continues his work on the carbon dioxide laser, which has implications for the treatment of intraocular retinal vitreous disease, as well as for the destruction of ocular tumors.

Pediatrics

The Department of Pediatrics experienced a continuing rise in the use of beds by sick children, with 2,571 admissions of children in 1979, a 25 percent increase over the last two years. Part of the reason is the affiliation agreement under which LaGuardia Hospital (across the East River in Queens) sends seriously ill pediatric patients to The New York Hospital. Particularly affected is the eight-bed Pediatric Clinical Research Center, which runs continuously at 100 percent occupancy. In addition, admissions to the four-bed Pediatric Intensive Care Unit rose dramatically in the second half of 1979, making it apparent that the ICU must be expanded and modernized. A new Pediatric Eye Tumor Program began in September and has been admitting two to four patients per week. Following a citywide pattern, pediatric

emergency room visits from 11 p.m. to 8 a.m., daily and weekends, are on the increase.

Some 1,200 young people were seen in the clinics of the Division of Adolescent Medicine. The division director, Dr. Ralph Lopez, feels the program has reached the saturation point. He is especially concerned about the problems of pregnant adolescents and is seeking funds for a program to give them more help than is now feasible with present limited staff. The division has a special arrangement with Hearts-ease Home, which refers teenagers remanded to the facility by the courts.

The Pediatric Section on Allergy and Immunology continues its research in allergy rhinitis, with the aid of two fellowships funded in part by Pharmacia, Inc. An innovative project is emphasizing the importance and feasibility of self-management of asthma by patients and their families. The section created an 18-minute video cassette on the subject. The section hopes to make additional films and other educational materials, and to establish a Children's Asthma Life Line (CALL) for all clinics' asthmatics, based on a pilot "Asthma Hot Line" that functioned in the academic year 1978-9.

In the Division of Pediatric Cardiology, a major advance in the analysis of developmental anomalies in the heart and great arteries of infants and children was made possible in 1979 by the addition of equipment two-dimensional echocardiography. This is a non-invasive technique which can be used for ambulatory patients, for cardiac evaluation and long term follow-up, and in conjunction with cardiac catheterization for full evaluation of cardiac anatomy and function. The acquisition of the equipment was made possible by a \$50,000 gift from the Heckscher Foundation for Children and a supplemental gift from the Berger Family.

The division continues its usual heavy program of research. Progress

was made in identifying high-risk and low-risk sufferers from a condition that strikes after surgery, known as post-pericardiotomy syndrome; hematologic and cardiovascular effects in thalassemia patients before and during treatment with desferrioxamine. The research may lead to ways to reduce possible dangers to serious heart problems in patients getting this vital treatment.

Dr. Mary Allen Engle, founder and director of the division, received a number of significant honors during 1979. She was appointed the first holder of the Stavros S. Niarchos Professorship of Pediatric Cardiology, established by a one-million-dollar endowment by the Greek shipping magnate. She also received the Woman of Conscience Award of the National Council of Women.

Dermatology

The Division of Dermatology continued to attract superior residents to its diversified program at the Medical Center and allied institutions. The residents are trained in oncology and dermatological complications of immuno-suppression at Memorial Hospital; porphyria and other metabolic disorders at Rockefeller University Hospital; and lupus erythematosus, scleroderma and other collagen vascular diseases at the Hospital for Special Surgery, as well as the wide variety of inpatient and clinical services at The New York Hospital. More than 20,000 patient consultations were conducted last year, including 1,700 surgical procedures. Peter Post, Ph.D., a research associate, working with Dr. Zsolt Harsanyi, microbiologist, produced evidence involving red pigment which may explain the high incidence of skin cancer in redheads.

Neurology

A team of researchers headed by Dr. Ira Black of the Department of Neurology has made exciting progress in their



efforts to find a way to regenerate severed or seriously injured nerves, a prospect traditionally considered hopeless. The researchers in 1979 advanced in understanding of how neurotransmitters in an embryo may be influenced by the neuron's "environment" in the body. By showing that nerves communicate with one another, all the way from the brain and spinal cord to distant organs, they have demonstrated that a neurological abnormality may be the result of a defect in development at some distant site in the nervous system.

Anesthesiology

In anesthesiology, the year 1979—which saw a record number of anesthetics administered at the Hospital—

also marked a further trend toward subspecializing. Improved equipment for giving anesthetics, new techniques and monitoring systems make it increasingly difficult for the generalist to administer the best in all types of anesthetic care. Subspecialties at the Hospital now include pediatric, cardiac, neurosurgical and obstetrical anesthesiology, and plans are underway to appoint section chiefs in each of these subspecialties for greater efficiency and better patient care. Attracted by the department's growing reputation for treating acute pain, more and more patients are coming for diagnostic and therapeutic pain blocking. A high priority goal is the development of an Interdisciplinary Pain Center.

Radiology

The Department of Radiology faced mounting pressure on its facilities and staff, largely due to the increased demand for the CT scanners and ultrasound equipment. A new CT GE 8800 scanner is now in continuous use from 7 a.m. till midnight every weekday. This machine replaced the department's first EMI scanner, which was the first in New York and the third in the entire country, but is no longer considered "state of the art."

One of the most actively growing areas of radiology is in cardiovascular radiology, involving therapeutic catheter techniques and percutaneous biopsy and drainage techniques. In addition to ongoing studies on myocardial infarct sizing and evaluation, kidney transplants, and metabolic bone disease, the department's research program expanded in 1979 into new physiologic studies in conjunction with activities in cardiovascular nuclear medicine.

Human Resources

The Human Resources Division (formerly "Personnel") concentrated heavily on involving the Hospital's huge support staff more consciously in such basic needs as cost containment and more effective implementation of personnel policies. A new biweekly employee newsletter was created. There were seminars on affirmative action, cost containment and the specifics of better management. Some 200 employees took advantage of the Tuition Assistance Program to increase their skills or pursue career goals in health care, and more than 1,200 employees participated in programs designed to develop higher levels of competence in hospital work. Increased employee productivity helped keep costs down and fostered in great measure by the Hospital's competitive wage structure as well as by improved benefits—for example, in better dental and life insurance coverage.

Highlights of the Year's Statistics

Services to Patients

Laboratory Examinations

	1979	1978
<i>Microbiology</i>	253,231	250,529
<i>Basal Metabolism</i>	331	425
<i>Blood Bank</i>	155,636	144,204
<i>Clinical Chemistry</i>	1,607,367	1,359,214
<i>Clinical Hematology</i>	686,614	668,339
<i>Cytology</i>	34,273	36,333
<i>Radioisotopes Services</i>	30,664	28,722
<i>Surgical Pathology</i>	35,167	33,339
<i>Miscellaneous</i>	28,240	25,806
<i>X-Ray Examinations</i>	132,179	136,445
<i>Operations</i>	19,728	18,780
<i>Deliveries</i>	3,168	3,042
<i>Electrocardiograms</i>	61,342	58,250
<i>Electroencephalograms</i>	3,492	3,540
<i>Social Service Interviews</i>	191,129	195,133
<i>Physical Therapy Treatments</i>	62,498	52,540
<i>Transfusions</i>	26,235	23,695
<i>Pharmacy Prescriptions</i>	1,144,066	1,071,726
<i>Record Room-New Case Records</i>	54,918	51,102
<i>Occupational Therapy Treatments</i>	48,688	45,305
<i>Recreational Therapy-Pediatrics</i>	136,888	121,894



Training Program

	1979	1978
<i>House Staff</i>	253	232
<i>Nursing Students Affiliated:</i>		
<i>Undergraduate Students</i>	104	104
<i>X-Ray Technician Students</i>	33	37
<i>Dental Hygienist Students</i>	8	6
<i>Dietetic Interns</i>	21	21
<i>Physical Therapist Students</i>	17	24
<i>Medical Social Work Students</i>	5	3
<i>Total</i>	441	427
<i>Payne Whitney Psychiatric</i>		
<i>Clinic-House Staff</i>	59	47
<i>Westchester Division House Staff</i>	46	52
<i>Affiliated Undergraduates</i>	50	50
<i>Total</i>	596	576



Patient Care	1979	1978
Patients Admitted		
Main Hospital.....	34,897	33,161
Newborn	3,168	3,042
Payne Whitney Psychiatric Clinic..	1,351	1,236
The New York Hospital— Westchester Division	1,209	1,149
	<u>40,625</u>	<u>38,588</u>
Patient Days,		
All Divisions Including Newborn.	455,684	448,651
Day-Hospital Treatments:		
Payne Whitney Psychiatric Clinic	3,922	3,296
Westchester Division	10,637	10,466
Visits to Out-Patient Clinics	235,317	231,924
Visits to Emergency Pavilion	50,205	47,837



Distribution of Beds	Number of Beds—1979	
Private		
Main Hospital	124	
Obstetrics and Gynecology	29	
Pediatrics	<u>5</u>	
Total Private		158
Semi-Private		
Medical/Surgical	491	
Two-Bed (Baker Pavilion)	76	
Urology	61	
Obstetrics and Gynecology	96	
Pediatrics	<u>105</u>	829
Bassinets		<u>44</u>
Total Semi-Private		873
Payne Whitney Clinic		<u>108</u>
Total New York City		1,139
The New York Hospital—		
Westchester Division		<u>322</u>
Grand Total		1,461



In the past decade, a spirit of outreach has come to infuse The New York Hospital, which moves into the 80's with increased emphasis on creative leadership and interaction with the community in order to better meet the health care needs of New Yorkers.

The Auxiliary has aided in implementing this outreach concept through extended services, community health education and improved communications with friends and supporters of the hospital.

The new year opened with a Burn Care Seminar organized by the Auxiliary, with presentations by medical personnel of NYH-CUMC's Burn Center. Auxiliaries from other hospitals took advantage of this opportunity to learn about facilities offered by NYH, an example of the growing spirit of cooperation among hospitals.

The Auxiliary also extended "A Helping Hand" to the families of out-of-town patients. Their "mini Yellow Pages," prepared by the Family/Patient Booklet Project, is a reference guide to the hospital area's stores, restaurants, accommodations and services. Two thousand copies have been distributed by the Hospital and its affiliates, Memorial Hospital and the Hospital for Special Surgery, who paid their share. Jane Stubenbond chaired the ambitious and useful project.

Since its inception in 1975, Hospital Escort Services of Yorkville (HESY), which the Auxiliary originally helped fund and continues to support, has escorted patients to more than 2,000 medical appointments.

Last year's merger with three other community projects to form Volunteer Services for the Elderly of Yorkville has proven highly successful in efficiently serving a community 18 percent of whose residents are over 65. VSEY, which also includes Telefriend, Friendly Visitors and the Library for the Homebound, is designed to help sustain the elderly in their own homes

by acting as an extended family. With the four services under one roof and one coordinator, our senior neighbors are more willing to call, their problems are more easily handled, and volunteers can exchange information and obtain responses more quickly.

Giving greater visibility to the hospital's role as an active participant in community life is the Community Newsletter of the New York Hospital-Cornell Medical Center which the Auxiliary has voted again to sponsor in 1980.

In its six issues to date, the quarterly Newsletter has been a great success in reaching the public with information about medical and social services, health issues such as kidney dialysis and transplants, and new NYH programs such as Cardiovascular Risk Reduction and International Health Care.

The Auxiliary has continued to promote community spirit within the hospital. Under Lynn Thompson's innovative leadership the Art Committee had a busy year, with art and photography exhibits providing a unique opportunity to discover and display the diverse talents of NYH staff and patients. The 230 entries in the "Great 1979 Photography Contest and Exhibit" drew hundreds of viewers. Four inpatients helped the committee select 50 photographs to be enlarged and mounted for hanging in patients' rooms and other areas as part of the Auxiliary's program to brighten hospital walls and patient morale.

In its commitment to total patient care, NYH has long recognized the value of art for the patients' mental well-being. With the Auxiliary's support, the hospital has expanded its art cart service, bringing paintings, prints and photographs to the patients, and its bedside diversional crafts program for long-term patients. The Auxiliary's new Thrift Shop opened December 12 with a resounding opening day total of \$1,600 in sales. Months of dedicated effort, under the direction of chairman Mrs. Waldemar Berg, went into clean-

ing, renovating, furnishing and stocking the new location at 439 E. 71 St., which is open weekdays from 9 to 4:30, offering bargains on clothing, jewelry, books, records, housewares, toys and other items. Sales are brisk, but the store's success will depend on continuing donations of a variety of high quality, saleable merchandise.

Combined profits from the Gift Shop and T.V. Rental continue high—nearly \$100,000 for 1979—thanks to the efforts of auxiliaries and volunteers led by chairman Mrs. C. Edgar Schabacker. These activities, including a gift cart taken around the hospital, help supply the personal needs of patients, staff and visitors, and the funds generated make possible additional and improved facilities. This year \$48,000 was donated to upgrade the furnishings of six patient lounges, and \$10,000 (raised by the Lying-In through the Babies Alumni) went towards the purchase of 12 electric beds for the Lying-In Hospital. At the December meeting, \$6,700 was approved for a complete life-supporting Vicker Transport Isolette, to be used by the Perinatology Center.

Throughout the 1970's the Auxiliary upheld the objective for which it was founded in 1912: to aid The Society of the New York Hospital through education of its members, fund-raising projects and aid to patient care programs. In setting and achieving new goals the Auxiliary has been aided by the cooperation of the Board of Governors, the Volunteer Department and the Administration. Dr. Thompson's appointment of Dean Eleanor H. Lambertsen as administrative liaison to the Auxiliary adds a welcome dimension to members' understanding of the Hospital and its needs. Respectfully submitted,



Mrs. L. Patton Kline

Report of the Director of Volunteers

Reflecting rapid changes in the medical scene in the 1970's, New York Hospital expanded its activities to meet growing expectations of its patients and medical staff. Now entering its sixth decade of service, the Volunteer Department has kept pace with the hospital as it moves into new fields of endeavor. Volunteers played an important role in a Regional Conference on Goals of Women in Medicine in March under the direction of Dr. Lila Wallis, associate professor of clinical medicine, CUMC. The three-day program of lectures, discussions and workshops drew 506 women physicians and medical students, double the number anticipated.

Mrs. Louise W. Floeckher, director of Volunteers, Dr. Edna Finberg and Sally Riccardi served on the planning committee, and 50 other volunteers assisted with preparations. Their duties included registrations, hospitality, as well as moving the conference to a larger auditorium at The Rockefeller University because of the overwhelming turnout.

Mrs. Floeckher and volunteers are once again helping to plan for the next Regional Conference in April 1981.

Volunteer Annette Pols and several other volunteers organize materials and do clerical work related to pain studies at the new analgesic study group at the Burn Center. This unit received a five-year grant from the National Institutes of Health for clinical pain research.

Volunteers played "victims" twice last year, acting as casualties in disaster drills in September and December. These drills are held in accordance with standards set by the Joint Commission on Accreditation of Hospitals to ensure top performance of personnel under stress conditions.

This year 610 volunteers donated 53,582 hours of their time, providing capable and enthusiastic help in nearly 80 areas of the hospital, including Rehabilitation, Archives, Payne

Whitney Clinic, Coronary Care, Comp-Care, the graduate nursing program and numerous labs.

The Volunteers' attitude is one of "put me where you need me." They supply invaluable assistance behind the scenes, from sterilizing equipment to typing, as well as providing a much-appreciated personal touch in patient care. Volunteers work in the Volunteer Escort Service of Yorkville, visit patients, escort them to appointments and religious services within the hospital, run errands and assist in the Diversional Crafts Program. They are often called upon as interpreters for foreign patients, to assist in the exchange of information or simply to visit and comfort. Volunteers aided in a musical program held in the JB Reception Area by St. Bartholomew's Church, St. Bart's Players, an exciting evening for young and old. They also assisted Nurse Karen Ballard with October's Year of the Child Art Exhibit, a display of arts and crafts by pediatric patients.

NYH is known throughout the world, and volunteers act as guides for visitors from all over, including this year physicians from Egypt, Bolivia and Japan. On Visitors Day, November 13, volunteers conducted guests to laboratories, clinical facilities and teaching programs. Both visitors and volunteers found this NYH program an informative, enriching experience.

Some visitors are interested in the volunteers themselves, and this year, Mrs. Lester Hibbard of the Department of Health Services of Los Angeles County-U.S.C. Medical Center was a distinguished visitor to the department to observe our methods and to get new approaches to volunteer activities.

Under the direction of Hospital Librarian Roberta Smolen, the Patients Library has improved and extended its services, for which Mrs. Smolen credits her dedicated staff of volunteers.

The library is open weekdays from 9-5, and houses a 4,500-volume collection, with a variety of works to meet the wide-ranging interests of NYH

patients. Offerings include current best sellers, and large-print and foreign editions. Twice a year, the volunteers hold a book sale of volumes donated by patients, staff and people interested in the hospital. The proceeds from the highly successful book sale go to purchase new books for the library. In addition to thousands of book bargains, the November sale also featured a raffle with valuable prizes.

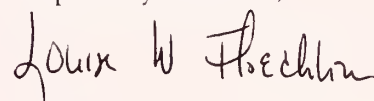
Volunteers come from all walks of life, from executives to young students. Some are grateful former patients; others are retired employees who continue to find working at NYH a rewarding experience. All share a serious commitment to the hospital and its patients, as well as a desire to contribute personal service.

One example of volunteer loyalty to NYH is Marilyn Graves, who received a 25-year award at the department's Awards Program and Reception last spring. In accepting the award, Miss Graves rededicated herself to the hospital, saying she intends to be a volunteer for the next 25 years. Selma Breitenbach, who has used her creative skills in teaching patients handicrafts, also values her 23 active years as a volunteer and looks forward to more. She is 86 years young!

One hundred forty-three men and women also received United Hospital Awards and Volunteer Department Certificates of Appreciation for service, from 150 hours to 15 years.

In this era of tighter economic restriction, the selfless devotion of its volunteer workers helps NYH to extend its services, ensuring the best possible care for its patients.

Respectfully submitted,



Mrs. Louise Floecker

Financial Report

Statements of Revenues and Expenses and Changes in Unrestricted Fund Balance

For the Years Ended December 31, 1979 and 1978

SCHEDULE I

	1979					1978 Total
	General Operating	Nonoperating	Plant	Board Designated	Total	
Operating Revenues:						
Net patient care revenue	\$163,949,106	\$ —	\$ —	\$ —	\$163,949,106	\$147,437,784
Revenue from other services	4,896,413	—	—	—	4,896,413	4,819,056
Transfers from specific purposes funds for support of related activities	3,154,470	—	—	—	3,154,470	3,307,030
Total operating revenues	171,999,989	—	—	—	171,999,989	155,563,870
Operating Expenses:						
Compensation and related benefits	117,681,538	—	—	—	117,681,538	105,310,698
Supplies and other expenses	53,013,722	—	—	—	53,013,722	46,313,386
Provision for depreciation	4,240,845	—	—	—	4,240,845	4,008,861
Total operating expenses	174,936,105	—	—	—	174,936,105	155,632,945
Loss from Operations	(2,936,116)	—	—	—	(2,936,116)	(69,075)
Nonoperating Revenues:						
Interest and dividends	—	2,288,797	—	—	2,288,797	2,256,236
Contributions and bequests—						
Third Century Fund	—	839,338	—	—	839,338	1,645,459
Other	—	924,618	—	—	924,618	894,018
Net loss on sale of investments	— (	125,635)	—	—	(125,635)	(1,150,371)
Distributions from United Hospital Fund, The Greater New York Fund, and Center Fund	—	461,128	—	—	461,128	293,835
Total nonoperating revenues	—	4,388,246	—	—	4,388,246	3,939,177
Revenues in Excess of (Less Than) Expenses	(2,936,116)	4,388,246	—	—	1,452,130	3,870,102
Fund Balance, beginning of year	27,505,458	—	73,192,620	1,007,994	101,706,072	97,233,349
Transfers from (to) Restricted Funds:						
Portion of fixed asset additions funded by restricted funds	—	—	4,882,189	—	4,882,189	4,611,482
Segregation of assets for plant replacement and expansion required by third party reimbursees	(4,240,845)	—	—	—	(4,240,845)	(4,008,861)
Intrafund Transfers:						
Portion of fixed asset additions funded by unrestricted fund	(4,367,803)	—	4,367,803	—	—	—
Support of general operations	9,314,605 (	4,371,541)	(4,943,064)	—	—	—
Mortgage payments and other	(649,836)	(16,705)	649,836	(29,234)	(45,939)	—
Fund Balance, end of year	\$ 24,625,463	\$ —	\$ 78,149,384	\$ 978,760	\$103,753,607	\$101,706,072

Statements of Changes in Restricted Fund Balances
For the Years Ended December 31, 1979 and 1978

SCHEDULE II

	Plant Replacement and Expansion	Specific Purposes	Endowments	Total
Balances, December 31, 1977	\$ 963,232	\$ 20,983,492	\$ 18,276,376	\$ 40,223,100
Restricted gifts and bequests—				
Third Century Fund	—	964,351	503,063	1,467,414
Other	39,421	1,794,400	2,000	1,835,821
Income on investments of restricted funds, required to be used for specific purposes—				
Interest and dividends	30,335	1,026,260	—	1,056,595
Net loss on sale of securities	(53,334)	(406,405)	(956,795)	(1,416,534)
Transfers from (to) unrestricted funds—				
Portion of fixed asset additions funded by restricted funds	(4,047,977)	(563,505)	—	(4,611,482)
Segregation of assets for plant replacement and expansion required by third party reimbursers	4,008,861	—	—	4,008,861
Support of related activities	—	(3,307,030)	—	(3,307,030)
Balances, December 31, 1978	940,538	20,491,563	17,824,644	39,256,745
Restricted gifts and bequests—				
Third Century Fund	100,000	488,431	600,024	1,188,455
Other	79,792	3,084,294	—	3,164,086
Income on investments of restricted funds, required to be used for specific purposes—				
Interest and dividends	57,104	1,763,100	—	1,820,204
Net loss on sale of securities	(6,350)	(96,239)	(161,191)	(263,780)
Transfers from (to) unrestricted funds—				
Portion of fixed asset additions funded by restricted funds	(4,497,662)	(384,527)	—	(4,882,189)
Segregation of assets for plant replacement and expansion required by third party reimbursers	4,240,845	—	—	4,240,845
Support of related activities	—	(3,154,470)	—	(3,154,470)
Balances, December 31, 1979	\$ 914,267	\$ 22,192,152	\$ 18,263,477	\$ 41,369,896

The Society incurred an operating loss of \$2,936,116 for the year ended December 31, 1979 compared with an operating loss of \$69,075 for 1978. Expenditures increased from \$155,632,945 in 1978 to \$174,936,105 in 1979, an increase of 12.4%. Taking into account an increase of 7,033 patient days and 6,558 ambulatory visits, the increase in terms of units of productivity is 10.2%. Operating revenues increased

10.6%, from \$155,563,870 in 1978 to \$171,999,989 in 1979. In addition, the opening Unrestricted Fund Balance for general purposes for the year beginning January 1, 1978 has been increased approximately \$1.3 million to correct an error in the recording of certain retroactive rate settlements relating to 1976.

During 1979 a number of major gifts helped the Third Century Program reach a total of \$62,846,462.

Stavros S. Niarchos pledged \$5,000,000 to create the new International Medicine Division within the Department of Medicine, to reconstruct the Department of Anatomy, and to establish the Stavros S. Niarchos Chair in Pediatric Cardiology. Dr. Mary Allen Engle has been named to that distinguished position. In reporting the gift, *The New York Times* said: "... the largest donation from a foreign source ever received by any hospital in this country."

Revlon, Inc. has established, with a \$1,250,000 gift, the Revlon Pharmaceutical Professorship of Pharmacology and Toxicology, and Dr. Walter F. Riker, Jr. was appointed its first incumbent. Dr. Riker was also honored through the Sterling Drug Visiting Professorship Fund, to which Sterling Drug, Inc. contributed \$50,000.

Dr. Isadore Rosenfeld was instrumental in directing the generous contributions of Mr. Niarchos and Revlon to this Center. In addition, through The Rosenfeld Heart Foundation, he has contributed another \$100,000 for a Fellowship in Cardiology.

A particularly significant step was taken, at year end, by The Hearst Foundation, in making two grants totaling \$2,033,423—the largest amount the Foundation had ever given at one time to a single medical center. Of the total, \$1,033,423 will establish The William Randolph Hearst Ambulatory General and Community Medicine Pavilion and \$1,000,000 will be used for the reconstruction of a present facility into the Microbiology Research Center, also to be named for Mr. Hearst.

In making the grant, Frank A. Bennack, Jr., president of the Hearst Corporation and a member of the Hospital's Board of Governors, said the trustees were making it "in the belief it will have a major impact in further strengthening the relationship of the college and hospital programs in a unified, mutually advantageous effort for the Center as a whole."

The pavilion to which the Hearst hospital grant is committed will encompass a new system of ambulatory care that will serve as the prototype for other ambulatory care units in the new building. Patients will see the doctor by appointment, and each patient will be the responsibility of a specific doctor who sees him when he first enters the system.

The Vincent Astor Foundation pledged \$1,000,000 for medical and graduate student scholarships, and the Harvey William Cushing and Katharine Crowell Cushing Memorial Fellowship in Surgery for International Study was created by a \$600,000 gift from their daughters, Mrs. John Hay Whitney, the late Mary Cushing Fosburgh and the late Barbara Cushing Paley.

The Rockefeller Brothers Fund gave \$500,000 for the general purposes of the Cornell University Medical College, and other notable gifts and pledges were \$200,000 from Morgan Guaranty Trust Co., \$150,000 from the Warner-Lambert Foundation, \$150,000 from Mr. and Mrs. De Witt Wallace, and another \$150,000 from the De Witt Wallace Fund of The New York Community Trust.

Mr. William Tavoulaareas, hospital Governor, continued to lead the drive for funds for the Burn Center. Contributions of \$100,000 from Amerada Hess Corporation and \$50,000 from Bankers Trust Company helped bring that campaign total to \$1.3 million.

Annual giving for the hospital reached nearly \$2 million (\$1,952,373). Of this amount, \$656,139 for December alone, was an alltime high. During the year, there were 158 first-time major donors (\$100 or more). Of major donors who renewed their gifts, 123 increased the amount.

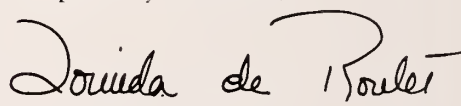
Members of The Society of the New York Hospital who increased their membership dues in response to a special letter which mentioned their length of service and their individual anniversary dates, totaled 31.

The Estate Affairs Service which was established to encourage deferred gifts, reports the receipt of \$3,041,300 in gifts for the Center, of which more than \$2 million was designated for the hospital. Gifts of life income trusts and insurance totaled \$1,125,263; bequests, \$1,916,037.

The Hospital held two special events: a "Royal Charter Ball" and a special performance of "Evita," which, together, netted \$153,000.

There was considerable activity by hospital Governors and Cornell Trustees during 1979, directed toward changes in the structure of the development effort, which would take place in 1980, and which resulted in the designation of Mrs. John Elliott, Jr., as Vice-President for Development for The Society of the New York Hospital, and Jansen Noyes, Jr., Chairman of the Cornell Trustees, acting in a similar capacity for the Medical College.

Respectfully submitted,


Mrs. Vincent de Roulet

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Carol L. Storey-Johnson, M.D.
Phyllis A. Taufield, M.D.
Marcia J. Wade, M.D.
Victoria A. Wang, M.D.
Mark F. Warner, M.D.
Steven J. Weisholtz, M.D.
Dorothy A. White, M.D.

Carol W. Wilkinson, M.D.
Sylvia C. Wyman, M.D.
David Z. Young, M.D.

Assistant Physicians (Dermatology)

Alvin Adler, M.D.
Bernadette Beyda, M.D.
Moses D. Elam, M.D.
Helen S. Flamenbaum, M.D.
Esther Ho-Kung, M.D.
Michael Jacobs, M.D.
Patricia Myskowski, M.D.
Robert Rosado, M.D.
Steven Rosner, M.D.
Carole Shear, M.D.
Nadine Wenner, M.D.

Interns

Richard S. Blumberg, M.D.
D. Barry Boyd, M.D.
William J. Burtis, M.D.
Israel F. Charo, M.D.
Andrew B. Covit, M.D.
Robert E. Cunnion, M.D.
Paul L. Fine, M.D.
Richard A. Furie, M.D.
Harvey Guttmann, M.D.
Catherine Hawkins, M.D.
Robert D. Kaplan, M.D.
Joseph A. Kovacs, M.D.
Wai Hung Lee, M.D.
Steven Lenger, M.D.
Richard H. Moseley, M.D.
Frederick P. Ognibene, M.D.
Catherine M. Otto, M.D.
Marilyn A. Prince, M.D.
Stanley D. Reed, M.D.
Patricia M. Romano, M.D.
Andrew Satlin, M.D.
Gary L. Schaer, M.D.
Jeffrey A. Schmierer, M.D.
Ann W. Schongalla, M.D.
Melissa P. Schori, M.D.
Roy L. Silverstein, M.D.
Audrey Stern, M.D.
Tony W. Y. Tow, M.D.
Paul B. Watkins, M.D.
Steven W. Werns, M.D.

Neurology

MEDICAL STAFF

Neurologist-in-Chief
Fred Plum, M.D.

Attending Neurologists

Ira B. Black, M.D.
John P. Blass, M.D.
Fletcher H. McDowell, M.D.
Jerome B. Posner, M.D.
Donald J. Reis, M.D.
William R. Shapiro, M.D.

Associate Attending Neurologists

H. Richard Beresford, M.D.
Raymond H. Coll, M.D.
Kathleen M. Foley, M.D.
Thomas C. Guthrie, M.D.
Gerald H. Klingon, M.D.
Henn Kutt, M.D.
Paul S. Papavasiliou, M.D.
Hart deC. Peterson, M.D.
Frank Petito, M.D.
Richard W. Price, M.D.
David A. Rottenberg, M.D.
Gail E. Solomon, M.D.
Peter Tsairis, M.D.
Philip H. Zweifach, M.D.

Assistant Attending Neurologists

Jeffrey C. Allen, M.D.
John H. Dougherty, Jr., M.D.
Robert W. Hamill, M.D.
Mark S. Horwich, M.D.
John A. Kessler, M.D.
David E. Levy, M.D.
Gavril Pasternak, M.D.
William Pulsinelli, M.D.
John A. Schaefer, M.D.
Bruce Sigsbee, M.D.
William T. Talman, M.D.
Lewis N. Travis, M.D.
Bruce Volpe, M.D.
Dean F. Young, M.D.

Clinical Affiliates

Joshua E. Adler, M.D.
Norman Chernik, M.D.
Dorothy M. Pietrucha, M.D.
Donald G. Rawlinson, M.D.
Jacob I. Sage, M.D.
Teepu Siddique, M.D.

PROFESSIONAL ASSOCIATE STAFF

Professional Associate
Michael S. Gazzaniga, Ph.D.

GRADUATE STAFF

Neurologists

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Jerome T. Scally, M.D.
Robert L. Van Uitert, M.D.
Ronald G. Wiley, M.D.

Assistant Neurologists

Norman W. Barton, M.D.
Dana J. Giulian, M.D.
Hal S. Gutstein, M.D.
David A. Hafler, M.D.
Richard P. Kraig, M.D.
Mitchell B. Max, M.D.
Nancy Nealon, M.D.
Richard Payne, M.D.

Samuel Rapoport, M.D.
Clifford B. Saper, M.D.
Theresa M. Voorhies, M.D.

Clinical Fellows

Michael Jacewicz, M.D.
Ronald Kanner, M.D.
Wai-Kwan Alfred Yung, M.D.

Obstetrics and Gynecology

MEDICAL STAFF

Obstetrician & Gynecologist-in-Chief
William J. Ledger, M.D.

Attending Obstetricians & Gynecologists

Hugh R. K. Barber, M.D.
Stanley J. Birnbaum, M.D.
Myron I. Buchman, M.D.
E. William Davis, Jr., M.D.
Fritz Fuchs, M.D.
William P. Given, M.D.
Edward A. Graber, M.D.
Arthur V. Greeley, M.D.
Graham G. Hawks, M.D.
Elmer E. Kramer, M.D.
Robert Landesman, M.D.
John L. Lewis, Jr., M.D.
Joseph Nathanson, M.D.
Richard A. Ruskin, M.D.
Samuel F. Ryan, M.D.
William J. Sweeney III, M.D.

Associate Attending Obstetricians & Gynecologists

John M. Astrachan, M.D.
Alfred Brockunier, Jr., M.D.
Lars Cederqvist, M.D.
John T. Cole, M.D.
Jerome G. Davis, M.D.
M. Yusoff Dawood, M.D.
Walter B. Jones, M.D.
Frederick Martens, M.D.
Bernard N. Nathanson, M.D.
Melville A. Platt, M.D.
Desider J. Rothe, M.D.
Frederick Silverman, M.D.
E. Thomas Steadman, M.D.
Robert E. Wieche, M.D.

Assistant Attending Obstetricians & Gynecologists

Naef K. Basile, M.D.
Alan S. Berkeley, M.D.
Jerome H. Brander, M.D.
Carol B. Braun, M.D.
Ronald M. Caplan, M.D.
Patricia Conrad, M.D.

Marilyn J. Cozzens-Kessler, M.D.
Richard J. Derman, M.D.
Vincent du Vigneaud, Jr., M.D.
George B. Feldman, M.D.
Joseph Finkelstein, M.D.
Wilma Gladstone, M.D.
Enayat Hakim-Elahi, M.D.
Andre Heltai, M.D.
Edward I. Jacobson, M.D.
David F. James, M.D.
Robert E. Kaye, M.D.
Woo Shin Kim, M.D.
Louis J. Kissak, M.D.
Robert N. Melnick, M.D.
Edward K. C. Mok, M.D.
Gideon G. Panter, M.D.
Joseph I. Paris, M.D.
Ben D. Ramaley, M.D.
Zoltan I. Saaary, M.D.
Kathryn A. Schrottenboer, M.D.
Michael Strongin, M.D.
Fouad Surur, M.D.
Bruce H. Tisch, M.D.
Attila Toth, M.D.
William D. Walden, M.D.
David B. Weinstein, M.D.
Virginia Werden, M.D.

GRADUATE STAFF

Obstetricians & Gynecologists

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Marcia A. Harris, M.D.
Josefina V. Marin, M.D.
Reginald Puckett, M.D.
Ida E. Schwab, M.D.
Miklos Toth, M.D.

Assistant Obstetricians & Gynecologists

Alan Albert, M.D.
Robert G. Armbruster, M.D.
Thomas J. Armbruster, M.D.
Rebecca Cooper, M.D.
Jan Delli-Bovi, M.D.
Armand Friedel, M.D.
Margaret J. Graf, M.D.
James B. Haile, M.D.
Kay F. Johnson, M.D.
Alan A. Kessler, M.D.
Maureen Killackey, M.D.
Theresa T. Kudlak, M.D.
John Micha, M.D.
Alan Plotnik, M.D.
Glenn R. Ross, M.D.
Santina Siena, M.D.
Susan Schley Sirota, M.D.
James F. Wyatt, M.D.

Clinical Fellow

Patricia Yarberry-Allen, M.D.

Ophthalmology

Ophthalmologist-in-Chief

D. Jackson Coleman, M.D.

Attending Ophthalmologists

Brian Curtin, M.D.
Robert M. Ellsworth, M.D.
Raymond Harrison, M.D.
Frederick A. Jakobiec, M.D.
Herbert Katzin, M.D.
Alfred Mamelok, M.D.
Walter Peretz, M.D.
Donald M. Shafer, M.D.
Arnold Turtz, M.D.

Associate Attending Ophthalmologists

Thomas Cherubini, M.D.
David Karlin, M.D.
Peter Laino, M.D.
Harvey Lincoff, M.D.
Suzanne Veronneau, M.D.
Philip H. Zweifach, M.D.

Associate Attending Physician

F. David Kitchin, M.D.

Assistant Attending Ophthalmologists

David H. Abramson, M.D.
Dianne Aronian, M.D.
Stephen Bloomfield, M.D.
Stanley Chang, M.D.
Laurence Harris, M.D.
Yaffa Kahanowicz, M.D.
Mark Lieberman, M.D.
Richard Muchnick, M.D.
Peter Odell, M.D.
David Pearce, M.D.
James Schutz, M.D.
Jesse Sigelman, M.D.
Martin Smithline, M.D.
Eugene Weise, M.D.
Andrew Wendling, M.D.

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Samuel L. Guillory, M.D.
David O. Mazur, M.D.
Walter J. C. Reifer, M.D.

Ophthalmologist

Teofil B. Kulyk, M.D.

Assistant Ophthalmologists

Roy Braunstein, M.D.
Joseph P. Castellano, M.D.
Ada Edgerton, M.D.
John W. Lombardo, M.D.
Gerard M. Nolan, M.D.
Douglas H. Seretan, M.D.
Kathleen S. Stern, M.D.
Marion J. Stoj, M.D.
Timothy P. Sullivan, M.D.
Jeffrey S. Taylor, M.D.
Wayne G. Whitmore, M.D.

Otorhinolaryngology

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Otorhinolaryngologist-in-Chief

James A. Moore, M.D.

Attending Otorhinolaryngologist

John R. Williams, M.D.

Associate Attending Otorhinolaryngologists

Robert W. Selfe, M.D.
John H. Seward, M.D.

Assistant Attending Otorhinolaryngologists

Lloyd Dropkin, M.D.
William F. Flynn, M.D.
Inocencio Kho, M.D.
Norman J. Pastorek, M.D.
W. Shain Schley, M.D.

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David Ahmadi, M.D.
David Cang Cuesta, M.D.
Maya A. Katona, M.D.
Ferne Lavine, M.D.
Samuel Nodelman, M.D.

Pathology

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Pathologist-in-Chief

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Carl G. Becker, M.D.
John W. Dougherty, M.D.
Patrick J. Fitzgerald, M.D.
George F. Gray, Jr., M.D.
Frederick A. Jakobiec, M.D.
Aaron Kellner, M.D.
Elmer E. Kramer, M.D.
Robert C. Mellors, M.D.
C. Richard Minick, M.D.
George E. Murphy, M.D.
Charles A. Santos-Buch, M.D.
John F. Seybolt, M.D.

Associate Attending Pathologists

Daniel R. Alonso, M.D.
Peter G. Bullough, M.D.
Eugene L. Gottfried, M.D.
Janet A. Mouradian, M.D.
Carol K. Petito, M.D.
Myron Susin, M.D.
Carolyn W. Watson, M.D.
Carl F. W. Wolf, M.D.
Jack F. Woodruff, M.D.

Assistant Attending Pathologists
Maria Lita Alonso, M.D.
Geoffrey J. Gottlieb, M.D.
Winston G. Harrison, M.D.
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Clinical Affiliate
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Taras Babiak, M.D.
Stephen Chasko, M.D.
Quintus Chess, M.D.
Margaret H. Collins, M.D.
Stephen Ettinghausen, M.D.
Thomas A. Godwin, M.D.
Margret Magid, M.D.
Powers Peterson, M.D.
Diane J. Schechter, M.D.
Annie Strupp, M.D.
Joseph V. Vogel, M.D.

Interns
Charlynn C. Maniatis, M.D.
Steven H. Pearlman, M.D.

Pediatrics

MEDICAL STAFF

Pediatrician-in-Chief
Wallace W. McCrory, M.D.

Attending Pediatricians
Peter A. McF. Auld, M.D.
Paul F. deGara, M.D.
Kathryn H. Ehlers, M.D.
Mary Allen Engle, M.D.
Nathan Epstein, M.D.
John E. Franklin, M.D.
James L. German, III, M.D.
Robert A. Good, M.D.
Margaret Hilgartner, M.D.
Aaron R. Levin, M.D.
Charlotte Lissauer, M.D.
Wallace W. McCrory, M.D.
Denis R. Miller, M.D.
Maria I. New, M.D.

Alfred L. Scherzer, M.D.
Mervin Silverberg, M.D.
Charlotte T. C. Tan, M.D.

Attending Psychiatrist
Theodore Shapiro, M.D.

Associate Attending Pediatricians
Barbara S. Ashe, M.D.
Richard R. Bass, M.D.
Charles H. Bauer, M.D.
Mary Buchanan, M.D.
Benedict Caterinicchio, M.D.
Leon I. Charash, M.D.
Lawrence Helson, M.D.
Martin H. Jacobs, M.D.
Alfred N. Krauss, M.D.
Lenore Levine, M.D.
Wan Ngo Lim, M.D.
Ralph I. Lopez, M.D.
Luther B. Lowe, Jr., M.D.
Virginia C. Mitty, M.D.
Karl Neumann, M.D.
Rebecca F. Notterman, M.D.
Richard J. O'Reilly, M.D.
Hart deC. Peterson, M.D.
Virginia E. Pomeranz, M.D.
Irwin Rappaport, M.D.
Gerald Rosen, M.D.
Melvin Rosh, M.D.
William T. Seed, M.D.
Madoka Shibuya, M.D.
David I. Smith, M.D.
Elizabeth Smithwick, M.D.
Gail E. Solomon, M.D.
Stanley Zipser, M.D.

Associate Attending Radiologist
Paula W. Brill, M.D.

Assistant Attending Pediatricians
Suroor Alam, M.D.
Paul M. Baker, M.D.
Otto Billo, M.D.
Renee Brilliant, M.D.
Arthur E. Brown, M.D.
Jeffrey Brown, M.D.
William R. Brown, Jr., M.D.
Walter T. Carpenter, M.D.
Fredric Daum, M.D.
Alan P. DeMayo, M.D.
Mary M. Didie, M.D.
Jeffrey H. Dobken, M.D.
Gloria T. Edis, M.D.
Jeanne E. Fenner, M.D.
Zulema Fischbarg, M.D.
William Frayer, M.D.
Jeffrey Friedman, M.D.
Ronald J. Garutti, M.D.
Fereshteh Ghavimi, M.D.
Patricia-Jane V. Giardina, M.D.
Judith Goldstein, M.D.

Leonard T. Goslee, M.D.
Armando Grassi, M.D.
Matthew R. Kaplan, M.D.
Neena Kapoor, M.D.
Arthur A. Klein, M.D.
Ben Kritchman, M.D.
Alberto Lacoious-Petrucelli, M.D.
Uri Lavy, M.D.
Roy H. Lieberman, M.D.
Sidney S. Marder, M.D.
Alicejane Markenson, M.D.
Joan H. Mathews, M.D.
Reginald D. McLaughlin, M.D.
Frank Medici, M.D.
Paul A. Meyers, M.D.
Sharon Oberfield, M.D.
John E. O'Loughlin, M.D.
Songja Pang, M.D.
Birgitta Peterson, M.D.
Dorothy M. Pietrucha, M.D.
Stanley E. Read, M.D.
Reuben Reiman, M.D.
Sylvia Schechner, M.D.
Jerrold S. Schlessel, M.D.
Maurice A. Shinefield, M.D.
Donald R. Skog, M.D.
Josef Soloway, M.D.
Michael Sorell, M.D.
Gerald M. Spielman, M.D.
Joel Steckelman, M.D.
Ralph Stein, M.D.
Laurel J. Steinherz, M.D.
Peter Steinherz, M.D.
Mitchell Stevens, M.D.
Mary Tsai, M.D.
David Zigelman, M.D.

Assistant Attending Psychiatrists
Hans F. Huebner, M.D.
Miriam Sherman, M.D.

Assistant Attending Neurologist
Jeffrey C. Allen, M.D.

Assistant Attending Radiologist
Patricia Winchester, M.D.

Clinical Affiliates
Norman Berkowitz, M.D.
Marc Bestak, M.D.
Henry Chang, M.D.
Sonia Cruz, M.D.
Diane B. Gareen, M.D.
Andrea C. V. Giardina, M.D.
Doris Goldberg, M.D.
Margaret Grossi, M.D.
Albert C. Holtzman, M.D.
Yusuf Khakoo, M.D.

Elizabeth Khuri, M.D.
Phyllis Landau, M.D.
Olive Pitkin, M.D.
Carmen Ramos-Bonoan, M.D.
Marilyn Ross, M.D.
Beatrice Slater, M.D.
Ernest B. Visconti, M.D.
Phyllis Weiner, M.D.

PROFESSIONAL ASSOCIATE STAFF

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Thomas B. Boland, Ph.D.

GRADUATE STAFF

Pediatrician
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Clinical Fellows
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Joel Brochstein, M.D.
James B. Bussel, M.D.
Ka Wah Chan, M.D.
Jesus Isabel Espinoza, M.D.
Ruthellen Fried, M.D.
William M. Gerba, M.D.
Kathleen A. Haines, M.D.
Counce H. Hancock, M.D.
Meenakshi K. Jhaveri, M.D.
Stewart Kaplan, M.D.
Prakash Kaur, M.D.
Brenda Kohn, M.D.
Stephanie Korn, M.D.
Ursula Kuhnle, M.D.
Jolanta Kulpa, M.D.
Edmund LaGamma, M.D.
Michael Lewin, M.D.
Kenneth V. Lieberman, M.D.
Linda A. Linday, M.D.
Franzika Lorenzen, M.D.
Scott T. Miller, M.D.
Ketan Patel, M.D.
Nicholas A. Pawlowski, M.D.
Robert Rapaport, M.D.
Lewis Reisman, M.D.
Reid V. Selden, M.D.
Nicoletta Sonino, M.D.
Harold Starkman, M.D.
Robert L. Stavis, M.D.
Elizabeth Stoner, M.D.
Carlos R. Suarez, M.D.
Jerzy A. Szatkowski, M.D.
Antonio Wachtel, M.D.

Assistant Pediatricians
Barbara L. Allen, M.D.
Howard J. Birenbaum, M.D.
Ralph E. Caprio, M.D.
Barbara A. Dash, M.D.
Miles H. Dinner, M.D.

Anne E. Dyson, M.D.
 Michael P. Fitzgerald, M.D.
 Louise E. Friedman, M.D.
 Fenella Greig, M.D.
 Ronald A. Kahn, M.D.
 Martin S. Katzenstein, M.D.
 James F. Markowitz, M.D.
 Evelyn K. McDivitt, M.D.
 John L. McManamy, M.D.
 Florence A. Nolan, M.D.
 Nathaniel H. Pier, M.D.
 Barbara Rettek, M.D.
 Linda M. Salzman, M.D.
 Johanna Triegel, M.D.

Interns

Frank L. Ferrentino, M.D.
 Sharon L. Guild, M.D.
 Jane Louise Holl, M.D.
 Mary T. Horan, M.D.
 Barbara A. Laboard, M.D.
 Joseph Carl Licata, M.D.
 Andrea Norton, M.D.
 Shirley Ann Olsen, M.D.
 Roy E. Schwartz, M.D.
 Beverly A. Sheppard, M.D.
 Michael S. Snyder, M.D.
 Arlene G. Sunshine, M.D.
 Adrienne L. Weiss-Harrison, M.D.
 Gary Youra, M.D.
 Victor M. Zayas, M.D.

Psychiatry

MEDICAL STAFF

Psychiatrist-in-Chief

Robert Michels, M.D.

Attending Psychiatrists

Stuart Asch, M.D.
 Eric Carlson, M.D.
 Arnold Cooper, M.D.
 Helen E. Daniells, M.D.
 Aaron H. Esman, M.D.
 Samuel L. Feder, M.D.
 Frederic F. Flach, M.D.
 William A. Frosch, M.D.
 Sheldon Gaylin, M.D.
 Ira Glick, M.D.
 Jimmie C. B. Holland, M.D.
 Otto Kernberg, M.D.
 Richard N. Kohl, M.D.
 William T. Lhamon, M.D.
 James F. Masterson, Jr., M.D.
 Jacques M. Quen, M.D.
 Theodore Shapiro, M.D.
 John A. Talbott, M.D.
 Milton Viederman, M.D.

Attending Psychiatrist (Behavioral Science)

Gerard P. Smith, M.D.

Attending Neurologist in Psychiatry

Donald J. Reis, M.D.

Attending Physician in Psychiatry

Abdol Hossein Samiy, M.D.

Associate Attending Psychiatrists

Edward T. Adelson, M.D.
 John M. Astrachan, M.D.
 Harvey H. Barten, M.D.
 Stephen Bauer, M.D.
 James E. Baxter, M.D.
 H. Robert Blank, M.D.
 Hyam Bolocan, M.D.
 J. Warren Brown, M.D.
 Edwin H. Church, M.D.
 James L. Curtis, M.D.
 E. Gerald Dabbs, M.D.
 Everett Dulit, M.D.
 Allen J. Frances, M.D.
 Lawrence Friedman, M.D.
 James G. Gibbs, Jr., M.D.
 Richard E. Glass, M.D.
 Sidney Goldensohn, M.D.
 Robert S. Grayson, M.D.
 Katherine A. Halmi, M.D.
 Irving B. Harrison, M.D.
 Lawrence J. Hatterer, M.D.
 Yoosuf A. Haveliwala, M.D.
 Thomas F. Henley, M.D.
 Margaret E. Hertzog, M.D.
 Peter Janulis, M.D.
 Francis D. Kane, M.D.
 Saul E. Kapel, M.D.
 Helen S. Kaplan, M.D.
 Paulina F. Kernberg, M.D.
 M. Dorothea Kerr, M.D.
 Ari Kiev, M.D.
 L. Gerald Laufer, M.D.
 Alfred B. Lewis, Jr., M.D.
 Edward Y. Liang, M.D.
 Edgar L. Lipton, M.D.
 Laurence Loeb, M.D.
 Rene C. Mastrovito, M.D.
 Marlin R. A. Mattson, M.D.
 Alan A. McLean, M.D.
 Wayne Myers, M.D.
 Yehuda Nir, M.D.
 Edwin R. Ranzenhofer, M.D.
 Robert A. Ravich, M.D.
 Marie-Louise Schoelly, M.D.
 Jesse Schomer, M.D.
 Michael Selzer, M.D.
 Charles A. Shamoian, M.D.
 James H. Spencer, Jr., M.D.
 Tom G. Stauffer, M.D.
 Stefan P. Stein, M.D.
 Daniel Stern, M.D.

Peter E. Stokes, M.D.
 Michael H. Stone, M.D.
 Leonard R. Straub, M.D.
 Joseph D. Sullivan, M.D.
 John S. Tamerin, M.D.
 Aaron D. Weiner, M.D.
 Peter G. Wilson, M.D.
 Charles Winkelstein, M.D.

Assistant Attending Psychiatrists

George S. Alexopoulos, M.D.
 Arthur A. Anderson, M.D.
 Gerald A. Anderson, M.D.
 Michael S. Aronoff, M.D.
 Robert Ascher, M.D.
 Ralph D. Baker, M.D.
 Bruce Ballard, M.D.
 Judith L. Berg, M.D.
 Robert J. Berlin, M.D.
 Marvyn Blitz, M.D.
 Richard E. Breslow, M.D.
 Alexander R. Broden, M.D.
 Judith Bronner-Huszar, M.D.
 Ruth D. Bruun, M.D.
 Cornelius J. Clark, M.D.
 Socrates Constantinou, M.D.
 Howard N. Cooper, M.D.
 John F. Crow, M.D.
 Helen Davidoff-Hirsch, M.D.
 Lois B. de Alvarado, M.D.
 Andrea K. Delgado, M.D.
 Leonard Diamond, M.D.
 Mary V. DiGangi, M.D.
 Thomas L. Doyle, Jr., M.D.
 Suzanne C. Draghi, M.D.
 Andre Dupuis, M.D.
 William M. Eckerd, M.D.
 Stuart Edelson, M.D.
 Eli Einbinder, M.D.
 Morton S. Eisenberg, M.D.
 Stuart Feder, M.D.
 Daniel Feinberg, M.D.
 M. Freile Fleetwood, M.D.
 Roland Foraste, M.D.
 Richard Frances, M.D.
 Alice K. Frankel, M.D.
 Mio Fredland, M.D.
 Richard C. Friedman, M.D.
 Vivian Fromberg, M.D.
 Arthur N. Gabriel, M.D.
 Elias Gerchick, M.D.
 Margaret M. Gilmore, M.D.
 Allan B. Gistrak, M.D.
 Janusz G. Gorzynski, M.D.
 Rudolph A. Gross, M.D.
 Dean Harlam, M.D.
 Marion G. Hart, M.D.
 James A. Haycox, M.D.
 Daniel N. Hertz, M.D.
 Malcolm Hill, M.D.
 Richard K. Hill, M.D.
 Stephen Holzman, M.D.
 Hans F. Huebner, M.D.
 Amnon Issacharoff, M.D.
 J. William Johnson, M.D.
 Hyman Kachalsky, M.D.
 Norman Kaplan, M.D.
 Marilyn G. Karmason, M.D.
 Nathaniel P. Karush, M.D.
 Joel Katz, M.D.
 Howard D. Kibel, M.D.
 Hae A. Kim, M.D.
 James H. Kocsis, M.D.
 Harold Koenigsberg, M.D.
 Richard G. Kopff, Jr., M.D.
 Irene Labourdette, M.D.
 Allison B. Landolt, M.D.
 Neil Lebowitz, M.D.
 Marguerite S. Lederberg, M.D.
 Henry J. Lefkowitz, M.D.
 David Y. Levine, M.D.
 Elizabeth Levy, M.D.
 Bruce A. Lieberman, M.D.
 Dorothy Lieberman, M.D.
 Jerome H. Liebowitz, M.D.
 Brian P. Lipton, M.D.
 Stanley Lituchy, M.D.
 John N. Loomis, M.D.
 Erica Loutsch, M.D.
 Arnold S. Maerov, M.D.
 Mary Jane Massie, M.D.
 Varda Mei-Tal, M.D.
 Barnett S. Meyers, M.D.
 Robert B. Millman, M.D.
 Ildiko Mohacsy, M.D.
 Harry H. Moorhead, M.D.
 Saverio G. Mortati, M.D.
 Leonard Moss, M.D.
 Gideon Nachumi, M.D.
 Doris B. Nagel, M.D.
 Abbas D. Nahas, M.D.
 Jesus Nahmias, M.D.
 Werner Nathan, M.D.
 Edward Nersessian, M.D.
 E. Scott Nininger, M.D.
 James E. Nininger, M.D.
 Henry Nunberg, M.D.
 John D. O'Brien, M.D.
 Barbara E. O'Connell, M.D.
 Ralph A. O'Connell, M.D.
 Avodah Offit, M.D.
 John M. Oldham, M.D.
 Stanley Orloff, M.D.
 Hogni Oskarsson, M.D.
 Winfred Overholser, M.D.
 Robert C. Palmer, M.D.
 Sherman Pazner, M.D.
 Joshua M. Perman, M.D.
 Samuel Perry III, M.D.
 Cynthia R. Pfeffer, M.D.
 Edwin L. Rabiner, M.D.
 Aylin Radomiski, M.D.
 David B. Robbins, M.D.
 Lawrence H. Rockland, M.D.
 Jay B. Rohrlach, M.D.

Mark Rubinstein, M.D.
 Gary H. Rusk, M.D.
 L. Mark Russakoff, M.D.
 Michael H. Sacks, M.D.
 George Samios, M.D.
 Edward E. Seelye, M.D.
 S. Warren Seides, M.D.
 David A. Shapiro, M.D.
 Samuel Sheinkman, M.D.
 Elizabeth W. Shelden, M.D.
 Miriam Sherman, M.D.
 Barry Singer, M.D.
 David Sobel, M.D.
 Max Spital, M.D.
 Irving Sternschein, M.D.
 John J. Stine, M.D.
 Norman Straker, M.D.
 Richard Suchinsky, M.D.
 Jack Terry, M.D.
 J. Paul Teusink, M.D.
 Alfonso Tornusciolo, M.D.
 Sylvia G. Traube, M.D.
 Kenneth F. Tucker, M.D.
 Sherwood Waldron, Jr., M.D.
 Gloria Marmar Warner, M.D.
 Martin J. Weich, M.D.
 Norman Weiss, M.D.
 William Weiss, M.D.
 Daniel Weitzner, M.D.
 Emmett Wilson, M.D.

Assistant Attending Physicians
 Robert B. Fath, M.D.
 Robert E. Lee, M.D.

Clinical Affiliates

Helen K. Abramowicz, M.D.
 Arthur R. Abright, M.D.
 Donald Adams, M.D.
 Valiere Alcena, M.D.
 Estelle Bender, M.D.
 Alfred J. Braida, D.D.S.
 Nora Brockner, M.D.
 Ross Brower, M.D.
 Judith B. Bukberg, M.D.
 Alexander S. Butkiewicz, M.D.
 Thomas A. Butler, M.D.
 Donald G. C. Clark, M.D.
 Ruth P. Cohen, M.D.
 Henry F. Dawes, M.D.
 Cheryl Beth Diamond, M.D.
 Robert J. Doherty, D.D.S.
 John T. Ellis, M.D.
 Katherine Falk, M.D.
 Harold D. Fink, D.D.S.
 Arnold W. Forrest, M.D.
 Samuel L. Gordon, M.D.
 Malcolm S. Graham, D.D.S.
 Roger B. Granet, M.D.
 Stephen Greenberg, M.D.

Judith E. Grose, M.D.
 A. Matthew Hilmi, M.D.
 James T. Howard, M.D.
 Charles G. Huntington, M.D.
 George D. Igel, M.D.
 Thomas Kalman, M.D.
 Robert J. Kaplan, M.D.
 Stephen B. Kardon, M.D.
 George A. Keating, M.D.
 Kenneth Kirstein, M.D.
 Merle S. Kroop, M.D.
 Michael M. Lee, M.D.
 Patrizia A. Levi, M.D.
 Kenneth J. Lichtman, M.D.
 Andrew Looker, M.D.
 Andrew Lotterman, M.D.
 Virginia Lozzi, M.D.
 Robert Marantz, M.D.
 Barry Meisel, M.D.
 Masao Miyamoto, M.D.
 James L. Moodie, M.D.
 Charles J. Morosini, M.D.
 John B. Moses, M.D.
 Stuart T. Nevins, M.D.
 Piero O. Niceta, M.D.
 Lawrence D. Orvieto, D.D.S.
 Lynda M. Parker, M.D.
 Edward L. Parsons, M.D.
 John T. Patten, M.D.
 Mervyn Peskin, M.D.
 Ellen R. Peyser, M.D.
 Aylin Radomisli, M.D.
 John A. Ramsdell, M.D.
 Edward Raymond, M.D.
 Anthony O. Rebholz, D.M.D.
 Jeffrey M. Ross, M.D.
 Ellen B. Rowntree, M.D.
 Barry Saul, M.D.
 Michael B. Saul, D.M.D.
 Jonah Schein, M.D.
 Arthur H. Schore, M.D.
 Sally Severino, M.D.
 M. Katherine Shear, M.D.
 Howard B. Simon, M.D.
 Shubha Sinha, M.D.
 Yonatan Sokal, M.D.
 Adrian Sondheimer, M.D.
 Jacob E. Sperber, M.D.
 Mark A. Spiegel, M.D.
 William D. Stubenbord, M.D.
 Ryang Suh, M.D.
 Lisa Tallal, M.D.
 Joan Tolchin, M.D.
 Simon Trutt, M.D.
 Steven I. Tutnauer, M.D.
 Traer Van Allen, M.D.
 Walter B. Van Vort, M.D.
 Gustavo H. Vintas, M.D.
 Bodo R. Vollhardt, M.D.
 Barraud J. Watson, M.D.
 Hazel J. Weinberg, M.D.
 Exie E. Welsch, M.D.
 Burt H. Weston, M.D.
 Robert C. Young, M.D.

PROFESSIONAL ASSOCIATE STAFF

Attending Psychologists
 Arthur Carr, Ph.D.
 Howard Hunt, Ph.D.
 Walter Kass, Ph.D.
 Salomon Rettig, Ph.D.
 Lee Salk, Ph.D.
 Herbert D. Saltzstein, Ph.D.
 Roy Schafer, Ph.D.

Associate Attending Psychologists
 John F. Clarkin, Ph.D.
 M. David Clayson, Ph.D.
 Herbert Fensterheim, Ph.D.
 Herbert H. Krauss, Ph.D.
 Bernard Landis, Ph.D.
 Ruth F. Lax, Ph.D.
 Fred Schwartz, Ph.D.
 Blanche L. Serwer, Ph.D.

Assistant Attending Psychologists
 Gordon G. Ball, Ph.D.
 Michael Beldoch, Ph.D.
 June E. Blum, Ph.D.
 Thomas B. Bolland, Ph.D.
 Martin Breitman, Ph.D.
 Betty Buchsbaum, Ph.D.
 Jonas Cohler, Ph.D.
 Ross Fishman, Ph.D.
 Howard I. Glazer, Ph.D.
 Armand W. Loranger, Ph.D.
 Edna Ortof, Ph.D.
 Michel Radomisli, Ph.D.
 Stephen Reich, Ph.D.
 Michael G. Rothenberg, Ph.D.
 Arden Rothstein, Ph.D.
 Peter J. Schlachet, Ph.D.
 Peter J. Schlachet, Ph.D.
 Alan Weiner, Ph.D.
 Jonathan H. Weiss, Ph.D.
 Muriel Winestine, Ph.D.
 Muriel Zimmerman, Ph.D.

Professional Associates (Psychology)
 Rochelle W. Austrian, Ph.D.
 Gerald Berenson, Ph.D.
 Roni O. Cohen, Ph.D.
 Melvin W. Crosby, Ph.D.
 Juliana R. Lachenmeyer, Ph.D.
 Zoe Lazar, Ed. D.
 Alexander Levi, Ph.D.
 Michael Perelman, Ph.D.
 Charles A. Reiner, Ph.D.
 John M. Ross, Ph.D.
 Michael H. Tamaroff, Ph.D.

GRADUATE STAFF— PAYNE WHITNEY CLINIC

Psychiatrist
 Robert Pynoos, M.D.

Clinical Fellows
 Samuel Bogoch, M.D.
 Zofia E. Dziewanowska, M.D.
 Roger Shapiro, M.D.

Assistant Psychiatrists
 Shelley Aarons, M.D.
 Robert Abrams, M.D.
 Elizabeth Auchincloss, M.D.
 Sarah S. Auchincloss, M.D.
 Alan Barasch, M.D.
 Joseph Barbuto, M.D.
 Karen Blank, M.D.
 John J. Boronow, M.D.
 Stephanie Brandt, M.D.
 Richard Brent, M.D.
 David Brizer, M.D.
 Richard P. Brown, M.D.
 Joanna Chapin, M.D.
 Clarence Chen, M.D.
 Sandra K. Cohen, M.D.
 Maureen Donnelly, M.D.
 Jack Dunietz, M.D.
 Rohn Samuel Friedman, M.D.
 Barbara Celieber, M.D.
 Karen Gilmore, M.D.
 Deborah Goldfarb, M.D.
 Robert M. Greenberg, M.D.
 David B. Hammond, M.D.
 Neil Hartman, M.D.
 Pamela Ingber, M.D.
 John Jemerin, M.D.
 Richard Kaplan, M.D.
 Charles A. Kaufmann, M.D.
 Elliot Kranzler, M.D.
 Molly Hall Levin, M.D.
 Neville B. Lewis, M.D.
 Owen Lewis, M.D.
 Philip Lister, M.D.
 M. Philip Luber, M.D.
 Myrl Manley, M.D.
 Donna Manning, M.D.
 P. Anne McBride, M.D.
 H. Jonathan Polan, M.D.
 Marie G. Rudden, M.D.
 Eslee Samberg, M.D.
 Harold Schwartz, M.D.
 Joseph Sciabbarrasi, M.D.
 Anne Stockton, M.D.
 Neil Talon, M.D.
 Clifford A. Taylor, M.D.
 Douglas Van der Heide, M.D.
 David Weber, M.D.

**Assistant Psychiatrists
(Child Psychiatry)**

Anna Balas, M.D.
Antonio U. Beltramini, M.D.
Linda Freeman-Ford, M.D.
Elisabeth C. Frischauf, M.D.
Sylvia Karasu, M.D.
Casper G. Schmidt, M.D.

**GRADUATE STAFF—
WESTCHESTER DIVISION**

Psychiatrist

Valery Yandow, M.D.

Assistant Psychiatrists

Johanna Botman, M.D.
Richard D. Brand, M.D.
Robert Brescia, M.D.
Alan Brody, M.D.
Douglas Budde, M.D.
Katherine Burten, M.D.
William Burten, M.D.
Scott Cutler, M.D.
Lawrence DeMilio, M.D.
Richard Fort, M.D.
Charles S. Gardner, M.D.
Howard E. Gilman, M.D.
Kenneth Gordon, M.D.
Glenn S. Hirsch, M.D.
Steven P. James, M.D.
Kathleen R. Johnson, M.D.
Kevin T. Kalikow, M.D.
Jane Kelman, M.D.
Daniel Kerlinsky, M.D.
Matthew J. Klein, M.D.
Harold S. Koplewicz, M.D.
Michael H. Kronig, M.D.
Keith Lepp, M.D.
John J. Lucas, Jr., M.D.
John Luke, M.D.
Deborah L. Mednick, M.D.
William P. Owen, Jr., M.D.
Leslie Prusnofsky, M.D.
William S. Rosenfeld, M.D.
Shawn Russell, M.D.
David Sawyer, M.D.
Cheryl Seaman, M.D.
Linda J. Semnitz, M.D.
Mindy J. Thompson, M.D.
Laura Vogel, M.D.
Neil Weiser, M.D.
Thomas R. Wikstrom, M.D.
Roberta A. Williamson, M.D.

**Assistant Psychiatrists
(Child Psychiatry)**

Ron H. Charach, M.D.
Paul Gusmorino, M.D.
Alicia J. Guttmann, M.D.

David M. Kaminsky, M.D.
Ethan H. Kisch, M.D.
Thomas J. Schreiber, M.D.

Radiology

MEDICAL STAFF

Radiologist-in-Chief

Joseph P. Whalen, M.D.

Attending Radiologists

David V. Becker, M.D.
Florence Chien-Hwa Chu, M.D.
Michael D. F. Deck, M.D.
John A. Evans, M.D.
Robert H. Freiburger, M.D.
Basil S. Hilaris, M.D.
Zuhheir Mujahed, M.D.
Lourdes Nisce, M.D.
Nathan Poker, M.D.
D. Gordon Potts, M.D.
Robin C. Watson, M.D.
Patricia Winchester, M.D.

Associate Attending Radiologists

Mostafa Ali El Batata, M.D.
Paula W. Brill, M.D.
F. Mitchell Cummins, M.D.
Amy Goldman, M.D.
Antonio Govoni, M.D.
James R. Hurley, M.D.
Jerome G. Jacobstein, M.D.
Herbert G. Kantor, M.D.
Elias Kazam, M.D.
Jae Ho Kim, M.D.
Morton Schneider, M.D.
Thomas Sos, M.D.
George Stassa, M.D.
Hind S. Teixidor, M.D.

Assistant Attending Radiologists

Gerald Abbott, M.D.
Jon H. Edwards, M.D.
Bernard Ghelman, M.D.
Joan Hacken, M.D. (LOA)
Andrew W. Haraway, Jr., M.D.
James C. Hirschy, M.D.
Seymour Hopfan, M.D.
Roger A. Hyman, M.D.
Charles D. Kelley, M.D.
George Krol, M.D.
Benjamin Lee, M.D.
Helene Pavlov, M.D.
Hipolito Poussin-Rosillo, M.D.
Joseph Putrino, M.D.
William A. Rubenstein, M.D.
Eva Rubin, M.D.
Zoltan I. Saary, M.D.
Kenneth Sniderman, M.D.
Bhadrassain Vikram, M.D.

Clinical Affiliate

Martin J. Barandes, M.D.

**PROFESSIONAL
ASSOCIATE STAFF**

Professional Associate (Physics)

Stephen Balter, Ph.D.

GRADUATE STAFF

Clinical Fellows

Azad Anand, M.D.
Yong Ho Auh, M.D.
Maria D. Bouzouki, M.D.
Susan Hilton, M.D.
Richard Katz, M.D.
Sheilah M. O'Connor, M.D.
Souheil Saddekni, M.D.
Steven Singer, M.D.
Jamshid Tehranzadeh, M.D.

Assistant Radiologists

Paul Cayea, M.D.
Robert J. Diamond, M.D.
Peter Dunner, M.D.
Ivy A. Engel, M.D.
Louise Feldhaus, M.D.
Margery Heneghan, M.D.
Clyde A. Hershan, M.D.
John Bruce Kneeland, M.D.
Brenda M. Koblick, M.D.
Steven G. Kuchta, M.D.
George Lantos, M.D.
Samuel A. Lehrman, M.D.
Lawrence G. Manco, M.D.
Marshall C. Mintz, M.D.
Laurence Needleman, M.D.
L. Daniel Neistadt, M.D.
Gary Novick, M.D.
Wendy Shaw, M.D.
Mark Siegel, M.D.
M. Lee Wallace, Jr., M.D.
Annette Yacovone, M.D.
Jonathan Zins, M.D.

**Assistant Radiologists
(Nuclear Medicine)**

William Oshrin, M.D.
Virgilio Valdez, M.D.

Rehabilitation Medicine

MEDICAL STAFF

Physiatrist-in-Chief

Willibald Nagler, M.D.

Attending Physiatrist

J. Herbert Dietz, M.D.

Associate Attending Physiatrists

Hermine Z. Benjamin, M.D.
Ronald F. Green, M.D.

Assistant Attending Physiatrist

Kanta C. Shah, M.D.

Clinical Affiliates

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Edward J. Lorenze, M.D.
Peter H. Stern, M.D.

PROFESSIONAL ASSOCIATE STAFF

Professional Associate (Podiatry)

Larry B. Price, D.P.M.

GRADUATE STAFF

Assistant Physiatrists

Ramana V. Amaravadi, M.D.
Eden B. Atienza, M.D.
Irina Barkan, M.D.
Sosamma B. George, M.D.
Subhadra L. Nori, M.D.
Mandakini Patel, M.D.

Surgery

Surgeon-in-Chief

G. Thomas Shires, M.D.

General Surgery

MEDICAL STAFF

Attending Surgeons

William A. Barnes, M.D.
P. William Curreri, M.D.
Jerome J. DeCosse, M.D.
Peter Dineen, M.D.
Frank Glenn, M.D.
Edward I. Goldsmith, M.D.
William R. Grafe, Jr., M.D.
William F. Nickel, M.D.
*Malcolm O. Perry, M.D.
*S. Frank Redo, M.D.
Albert L. Rubin, M.D.
Kurt H. Stenzel, M.D.
Bjorn Thorbjarnarson, M.D.
George E. Wantz, M.D.
John C. Whitsell, II, M.D.

*Attending Surgeon-in-Charge—

Vascular Surgery Division

*Attending Surgeon-in-Charge—

Pediatric Surgery Division

Associate Attending Surgeons

Peter C. Canizaro, M.D.
Jhoong S. Cheigh, M.D.
Robert L. Clarke, M.D.
George N. Cornell, M.D.
Armand F. Cortese, M.D.

Hollon W. Farr, M.D.
 Edgar P. Fleischmann, M.D.
 Peter M. Guida, M.D.
 Joel H. Horovitz, M.D.
 Kevin P. Morrissey, M.D.
 Robert R. Riggio, M.D.
 Paul A. Skudder, M.D.
 William T. Stubenbord, M.D.
 John F. Sullivan, M.D.

Assistant Attending Surgeons

John M. Aronian, M.D.
 Jacqueline Chami, M.D.
 William T. Curry, M.D.
 John M. Davis, M.D.
 Kenyon B. Field, M.D.
 James P. Gaston, M.D.
 William P. Homan, M.D.
 Bruce R. Leslie, M.D.
 Arnold Luterman, M.D.
 Carmine J. Mauro, M.D.
 Vincent F. Marzulli, M.D.
 Stuart D. Saal, M.D.
 Michael F. Silane, M.D.
 David S. Speer, M.D.
 Harry Statman, M.D.
 Manikkam Suthanthiran, M.D.
 Luis Tapia, M.D.
 Michael Yarborough, M.D.

Clinical Affiliates

Donald G. C. Clark, M.D.
 Mark E. Helbraun, M.D.
 Morton J. Kleiner, M.D.
 Henry Mannix, M.D.
 David A. Mayer, M.D.
 Earl A. O'Neil, M.D.

GRADUATE STAFF

Clinical Fellows

Graciela deBoccardo, M.D.
 William B. Evans, M.D.
 Howard Fillit, M.D.
 Vincent A. Graziano, M.D.
 Stuart Handelsman, M.D.
 John Novello, M.D.
 Murlidhar Pahuja, M.D.
 John B. Pannone, M.D.
 Michael C. Ruddy, M.D.
 Jay Stack, M.D.

Surgeons

David N. Herndon, M.D.
 Eugene J. Nowak, M.D.
 Judith Whitcomb, M.D.
 Wilfred Yee, M.D.

Assistant Surgeons

Anthony C. Antonacci, M.D.
 Philip S. Barie, M.D. (LOA)
 Howard L. Beaton, M.D.
 Gordon A. Brody, M.D.
 Gary S. Bromley, M.D.

William T. Cline, M.D.
 John R. Cohen, M.D.
 Peter L. Cunningham, M.D.
 Ira Dauber, M.D. (LOA)
 Thomas L. Facelle, M.D.
 John F. Gallagher, M.D.
 Warren M. Glover, M.D.
 Jeffrey P. Gold, M.D.
 Paul H. Halebian, M.D.
 Benedict T. Harter, M.D.
 Robin S. Hayworth, M.D.
 Lloyd Hoffman, M.D.
 Norman A. Johanson, M.D.
 Stephen R. Kay, M.D.
 Gary J. Kelman, M.D.
 Karen M. Kostroff, M.D.
 William C. Mackey, M.D.
 Michael R. Madden, M.D.
 John D. Mannion, M.D.
 Brent W. Miedema, M.D.
 Stephen J. Pilipshen, M.D.
 Joseph M. Pober, M.D.
 Joseph A. Rabson, M.D.
 Cathleen Raggio, M.D.
 David L. Rayfield, M.D.
 Carolyn E. Reed, M.D.
 Richard C. Richter, M.D.
 Newell Robinson, M.D. (LOA)
 Jack P. Rock, M.D.
 David Rose, M.D.
 Brian Saltzman, M.D.
 William J. Schickler, M.D.
 Steven M. Schlossberg, M.D.
 Robert A. Schultz, M.D.
 Marc M. Sedwitz, M.D.
 Douglas R. Smego, M.D.
 R. Ernest Sosa, M.D.
 Huelidine Webb, M.D.
 Martin B. Weiss, M.D.
 Bruce Wolff, M.D.

Cardiothoracic Surgery

MEDICAL STAFF

Attending Surgeon-in-Charge
 William A. Gay, Jr., M.D.

Attending Surgeons

Cranston W. Holman, M.D.
 George R. Holswade, M.D.

Associate Attending Surgeons

Arthur J. Okinaka, M.D.
 Valavanur Subramanian, M.D.

Assistant Attending Surgeons

Eddie Hoover, M.D.
 John C. McCabe, M.D.

GRADUATE STAFF

Thoracic Surgeons

James C. Harvey, M.D.
 Fereidoon S. Tabatabaie, M.D.

Assistant Thoracic Surgeon

Paul M. Cathcart, M.D.
 Paul E. Stelzer, M.D.

Dental and Oral Surgery

MEDICAL STAFF

Attending Oral Surgeon-in-Charge

Stanley J. Behrman, D.M.D.

Attending Dentist

John J. Putnam, D.D.S.

Associate Attending Dentist (Periodontist)

Seymour M. Koteen, D.D.S.

Associate Attending Dentists (Prosthodontists)

Gerald M. Galvin, D.D.S.
 Ivin B. Prince, D.D.S.

Associate Attending Dentists

Lawrence A. Behrman, D.D.S.
 Ernest R. Piccaro, D.D.S.

Assistant Attending Oral Surgeons

Stephen E. Carney, D.D.S.
 Thomas M. Darrigan, D.D.S.
 Arthur C. Elias, D.M.D.
 Jerry L. Halpern, D.D.S.
 Steven J. Tunick, D.M.D.

Assistant Attending Dentists (Endodontists)

Joseph M. Leavitt, D.D.S.
 Nelson I. Mendell, D.M.D.

Assistant Attending Dentist (Roentgenologist)

J. Kenneth Schmidt, D.M.D.

Assistant Attending Dentist (TMJ)

Leonard E. Quitt, D.D.S.

Assistant Attending Dentist (Myo-Functional Therapy)

Harvey Miller, D.D.S.

Assistant Attending Dentists (Pedodontists)

David J. Levine, D.D.S.
 Jack Mitchell, D.D.S.

Assistant Attending Dentists (Orthodontists)

Joseph D. Davis, D.D.S.
 Marc Lemchen, D.M.D.

Assistant Attending Dentist (Periodontist)

Joseph E. Rowan, D.D.S.

Assistant Attending Dentists (Prosthodontists)

Jason C. Lee, D.D.S.
 George W. Sferra, Jr., D.D.S.

Clinical Affiliate (Oral Surgeon)

Joseph J. Zito, D.D.S.

Clinical Affiliates (Orthodontist)

Robert M. Cole, D.D.S.
 Henry I. Nahoum, D.D.S.
 Gregory W. Sanford, D.M.D.

Clinical Affiliate (Dentist)

Louis Marino, D.D.S.

GRADUATE STAFF

Oral Surgeon

Ronald S. Pack, D.M.D.

Assistant Oral Surgeon

Lawrence Gibson, D.D.S.

Intern in Oral Surgery

Robert P. Iovino, D.D.S.

Intern—General Practice Residency Program

Peter H. Pruden, D.D.S.
 Steven Saltzman, D.D.S.

Neurosurgery

MEDICAL STAFF

Attending Surgeon-in-Charge
 Russel H. Patterson, Jr., M.D.

Associate Attending Surgeons

Richard A. R. Fraser, M.D.
 Joseph H. Galicich, Jr., M.D.

Assistant Attending Surgeon

Michael H. Lavyne, M.D.

GRADUATE STAFF

Surgeons

Ehud Arbit, M.D.
 Steven Brem, M.D.
 Alec Danylevich, M.D.

Assistant Surgeons

William O. Bell, M.D.
 Rand M. Voorhies, M.D.

Orthopedics

MEDICAL STAFF

**Surgeon-in-Chief,
The Hospital for Special Surgery**
Philip D. Wilson, Jr., M.D.

Attending Surgeons

•William D. Arnold, M.D.
Rolla D. Campbell, Jr., M.D.
John H. Doherty, M.D.
Allan E. Inglis, M.D.
Bernard Jacobs, M.D.
David B. Levine, M.D.
Chitranjan S. Ranawat, M.D.
L. Ramsey Straub, M.D.

Associate Attending Surgeons

Walter H. O. Bohne, M.D.
John N. Insall, M.D.
Joseph M. Lane, M.D.
John P. Lyden, M.D.
Peter J. Marchisello, M.D.
Ralph C. Marcove, M.D.
John L. Marshall, M.D.
Leon Root, M.D.
Eduardo A. Salvati, M.D.

Assistant Attending Surgeons

Samuel Avnet, M.D.
Alexander Hersh, M.D.
Victor Mayer, M.D.
Jeanne Pamilla, M.D.
Thomas D. Rizzo, M.D.
Thomas P. Sculco, M.D.
Konstantin P. Velis, M.D.
Russell F. Warren, M.D.

*Chief, Combined Fracture Service
The New York Hospital—
The Hospital for Special Surgery

GRADUATE STAFF

Surgeons

William J. Bryan, M.D.
John H. Doherty, Jr., M.D.
Gary M. Gartsman, M.D.
Neil A. Green, M.D.
Roger William Hood, M.D.
Michael Jolley, M.D.
Douglas M. Joseph, M.D.
Richard J. Kearns, M.D.
Paul H. Kirz, M.D.
Richard R. McCormack, M.D.
John E. Morrison, M.D.
Paul M. Pellicci, M.D.
Bruce Reider, M.D.
Raymond P. Robinson, M.D.
Gary Savatsky, M.D.
Mark Sherman, M.D.

Assistant Surgeons

Robert E. Atkinson, M.D.
Harry A. Bade, III, M.D.
Alex B. Bodenstab, M.D.
Richard S. Davidson, M.D.
Daniel A. Dethmers, M.D.
Dirk H. Dugan, M.D.
Laura B. Flawn, M.D.
Ivan D. Gowan, M.D.
Edward V. Gundy, M.D.
John H. Healey, M.D.
Paul F. Lachiewicz, M.D.
William K. P. Li, M.D.
Patrick V. McMahon, M.D.
John F. Mendes, M.D.
Thomas J. Nordstrom, M.D.
Daniel S. Rich, M.D.
Howard A. Rose, M.D.
J. Robert Seebacher, M.D.
Steven A. Stuchin, M.D.
Francesca M. Thompson, M.D.
Thomas L. Wickiewicz, M.D.

Plastic Surgery

MEDICAL STAFF

Attending Surgeon-in-Charge
Dicran Goulian, Jr., M.D.

Associate Attending Surgeons

Randolph H. Guthrie, Jr., M.D.
James W. Smith, M.D.

Assistant Attending Surgeons

Gerold Imber, M.D.
Laurence R. LeWinn, M.D.
Robert G. Schwager, M.D.

Clinical Affiliates

Joseph Feinberg, M.D.
Pamela M. Gallagher, M.D.
Danica Kovachev, M.D.
Edward W. Powers, M.D.
B. Donald Sklansky, M.D.

GRADUATE STAFF

Surgeons

Kenneth O. Rothaus, M.D.
John E. Sherman, M.D.

Assistant Surgeon

Richard Dombroff, M.D.
Robert Ciardullo, M.D.
Randall Yetman, M.D.

Urology

MEDICAL STAFF

Attending Surgeon-in-Charge
E. Darracott Vaughan, Jr., M.D.

Attending Surgeons

John W. Draper, M.D.
John G. Keuhnelian, M.D.
Russell W. Lavengood, Jr., M.D.
Victor F. Marshall, M.D.
John H. McGovern, M.D.
Edward C. Muecke, M.D.
Willet F. Whitmore, Jr., M.D.
John J. Williams, M.D.

Associate Attending Surgeons

John W. Coleman, Jr., M.D.
David T. Mininberg, M.D.
Jon M. Reckler, M.D.

Assistant Attending Surgeons

John A. Fracchia, M.D.
Harry W. Herr, M.D.
James P. McCarron, Jr., M.D.
Piero O. Niceta, M.D.
W. Reid Pitts, Jr., M.D.
Anthony N. Spinelli, M.D.

Clinical Affiliates

Francis Beneventi, M.D.
Mitchell Brice II, M.D.
Damir Velcek, M.D.
Robert S. Waldbaum, M.D.

GRADUATE STAFF

Surgeons

John N. Krieger, M.D.
Thomas P. McGovern, M.D.

Assistant Surgeons

Paul A. Church, M.D.
Richard E. Greenberg, M.D.
Arthur R. Israel, M.D.
Karen E. Leider, M.D.
Carl Mills, II, M.D.
Jerome P. Parnell, M.D.

**Clinical Biochemistry
Laboratories**

Biochemist-in-Chief:
Alton Meister, M.D.

Clinical Biochemistry

Director:
Gordon Fairclough, Ph.D.
Assistant Directors:
James Cornell, Ph.D.
Jerald Gass, Ph.D.
Edward Schubert, Ph.D.

**Transplantation-Dialysis
Biochemistry**

Director: Albert L. Rubin, M.D.

**Clinical Pathology
Laboratories**

Pathologist-in-Chief:
John T. Ellis, M.D.

BLOOD BANK

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Assistant Director:
Aaron Kellner, M.D.

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Director:
Eugene L. Gottfried, M.D.
Assistant Director:
Babette Weksler, M.D.

CLINICAL MICROBIOLOGY

Director:
Laurence B. Senterfit, M.D.
Assistant Directors:
Carl G. Becker, M.D.
Marita Lita Alonso, M.D.
Desider J. Rothe, M.D.

CYTOLOGY

Director:
Charles A. Santos-Buch, M.D.
Assistant Director:
Carolyn W. Watson, M.D.

SURGICAL PATHOLOGY

Director:
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Assistant Directors:
Janet A. Mouradian, M.D.
Elmer E. Kramer, M.D.

**Clinical Diagnostic
Laboratories, Directors**

BASAL METABOLISM

Director: David V. Becker, M.D.

**CARDIAC CATHETERIZATION,
ADULT**

Director: Jeffrey S. Borer, M.D.

**CARDIAC CATHETERIZATION,
PEDIATRICS**

Director: Aaron LeR. Levin, M.D.

CARDIAC GRAPHICS, ADULT

Director: Paul D. Kligfield, M.D.

CARDIAC GRAPHICS, PEDIATRICS

Director: Kathryn H. Ehlers, M.D.

ELECTROENCEPHALOGRAPHY

Director: Gail E. Solomon, M.D.

NUCLEAR MEDICINE

Director: David V. Becker, M.D.

PULMONARY FUNCTION

Directors:
James P. Smith, M.D.
William A. Briscoe, M.D.

**Senior Associate
Hospital Director**

Director of Nursing
Eleanor C. Lambertsen, Ed. D.,
D.Sc. (Hon.), R.N.

**Executive Assistant Director
of Nursing Service**

M. Joanna Foster, M.A., R.N.

**Assistant Directors of
Nursing Service**

Mary T. Bielski, M.A., R.N.
Elizabeth G. Brooks, M.A., R.N.
Christina Haas, M.A., R.N.

**Assistant Director of Nursing
Service for Staff Education**

Edna L. Danielsen, M.A., R.N.

**Clinical Nursing
Department Heads**

Jane D. Curtis, R.N.
Medical Nursing
Christina Haas, M.A., R.N.
(Acting Department Head)
*Burn and Emergency
Nursing Service*
Gladys T. Jones, M.S., R.N.
Operating Room Nursing
Laura L. Simms, Ed.D., R.N.
Surgical Nursing
Marie D. Strickland, M.Ed., R.N.
*Obstetrical/Gynecological and
Pediatric Nursing*
Carolyn Wagner, M.A., R.N.
Ambulatory Care Nursing

**Director of Psychiatric
Nursing Service
Payne Whitney
Psychiatric Clinic**

Kenneth Larson, M.A., R.N.

**Executive Assistant Director
for Education Programs**

Louise S. Hazeltine, M.A., R.N.

**Nursing Department Head—
School of Continuing
Education**

Nina Argondizzo, M.A., R.N.

Deaths

We note with profound sadness the passing during 1979 of the following members of the professional staff:

Ellen D. Freeman, M.D.
Assistant Attending Psychiatrist

Henry P. Goldberg, M.D.
Attending Pediatrician

William V. Lulow, M.D.
Associate Attending Psychiatrist

A Gift to The New York Hospital

For the Guidance of Your Attorney

A gift to The New York Hospital gives aid to the ill and the distressed, supports programs which educate doctors for the future, and makes possible research to stamp out disease, helping people today and generations yet unborn.

Gifts may be made in a number of ways, such as by money (check or cash), by securities, by testamentary devise (land) or by bequest (property other than land), by inter vivos or testamentary trust.

Because The Society of the New York Hospital is a voluntary, non-profit institution contributing to the public welfare, gifts to it by individuals or corporations are exempt from income, gift and inheritance taxes to the extent and in the manner provided by Federal and State laws.

Where a gift of money is to be made by check, it should be made payable to The New York Hospital and mailed to the Secretary of The Society of the New York Hospital at the address given below.

If the donor wishes to make a gift of securities (stock certificate or other instrument of value), instructions concerning their delivery may be obtained from the Secretary.

The suggested terminology for an unrestricted devise or bequest is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York, . . . (description of the property) to be used by the Board of Governors for its general corporate purposes."

For a restricted devise or bequest, the suggested terminology is: "I give, devise and bequeath to The Society of the New York Hospital, a corporation created by Royal Charter granted by King George III in 1771 and located in New York City, New York, . . . (description of the property) to be used for the following purpose(s) . . ." As a recommended alternative to the restricted devise or bequest, a testator may request the Board of Governors, without directing it to do so, to use such devise or bequest for the purchase or construction of specific capital additions, plant improvements or in support of programs conducted by the Hospital or its Departments. In such case, the

devise or bequest will be classified as unrestricted but, subject to discretionary approval of the Board of Governors, will be used to carry out such request. This alternative is preferable to the restricted devise or bequest because it empowers the Board to exercise discretion in dealing with constantly changing priorities and requirements of this large hospital, thereby providing flexibility not present under confining terms of a restricted devise or bequest. When this method is followed, and application of the devise or bequest is left to the Board's discretion, the actual intent of the testator can be better served to the Hospital's advantage than is possible under rigid restrictions.

The New York Hospital encourages gifts without restriction so as to permit greater facility in planning and administering its extensive and complex programs of patient care and medical education.

An Estate Affairs program has been established at the Hospital. The program complements its traditional sources of philanthropic support by offering deferred giving opportunities through Charitable Remainder Trusts that can benefit donors as well as the Hospital.

In the event you would like further information, please consult your attorney or the Office of the Secretary of The Society:

Secretary

The Society of the New York Hospital
525 East 68th Street
New York, N.Y. 10021
(212) 472-5645

The Society of the New York Hospital

**525 East 68th Street
New York, New York 10021**



